

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028552

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: BRICKS OF PENSACOLA, INC.

## Current Principal Place of Business:

415 S FLORIDA BLANCA  
SUITE 5  
PENSACOLA, FL 32502 US

## New Principal Place of Business:

91 BAYBRIDGE DR  
SUITE B  
GULF BREEZE, FL 32561 US

## Current Mailing Address:

PO BOX 563  
GULF BREEZE, FL 32562 US

## New Mailing Address:

FEI Number: 59-3570354      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOGAN, STEVE  
415 S FLORIDA BLANCA  
SUITE 5  
PENSACOLA, FL 32502 US

## Name and Address of New Registered Agent:

BOGAN, STEVE  
91 BAYBRIDGE DR  
SUITE B  
GULF BREEZE, FL 32561 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: KRYN, ALAN D  
Address: 1628 WHISPER BAY BLVD  
City-St-Zip: GULF BREEZE, FL 32563

Title: PD ( ) Delete  
Name: BOGAN, STEVE  
Address: 415 S FLORIDA BLANCA, SUITE 5  
City-St-Zip: PENSACOLA, FL 32502

Title: DT ( ) Delete  
Name: SIVARIO, MANUEL F  
Address: 4715 BAYWIND DR.  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: SELLARS, FALCON  
Address: 5 COLLEY COVE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: BOGAN, STEVE  
Address: 91 BAYBRIDGE DR, SUITE B  
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE BOGAN

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date