

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028552

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** BRICKS OF PENSACOLA, INC.

**Current Principal Place of Business:**

109 BAYBRIDGE DR  
GULF BREEZE, FL 32561 US

**New Principal Place of Business:**

**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  
109 BAYBRIDGE DR  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

**Title:** PD  
**Name:** BOGAN, STEVE  
**Address:** 109 BAYBRIDGE DR,  
**City-St-Zip:** GULF BREEZE, FL 32561

**Title:** DT  
**Name:** SIVERIO, MANUEL F  
**Address:** 4715 BAYWIND DR.  
**City-St-Zip:** PENSACOLA, FL 32514

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

I hereby 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 all other like empowered.

**SIGNATURE:** STEPHEN C BOGAN

PD

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date