## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # S14117** 

Principal Place of Business

1. Entity Name BRICO LAND CO.

PO BOX 199 TAVERNIER, FL 33070 Mailing Address

PO BOX 199 TAVERNIER, FL 33070

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**FILED** Jan 18, 2007 08:00 AM Secretary of State



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6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

3

Conferencia de la compansión de la compans

CR2E034 (11/05) 01062007 No Chg-P

4. FEI Number

65-0237122

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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8.	. The above named entity submits this state	tement for the purpose of cha	nging its registered office	or registered agent, or I	both, in the State of Florida.	I am familiar with, and accept
_	the obligations of registered agent.	foliation .				
C1	IGNATURE					

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ming mina pictorial despit del propieto de la propieto del la propieto de la propieto del la propieto de la propieto del la propieto de la propieto de la propieto del la propieto del la propieto del la propieto de la propieto del la propieto in the second section of the second section of the second section of the section of the section of the section of TITLE NAME O'NEIL, BRIAN and the second STREET ADDRESS PO BOX 199 V00000591850\*\*\* 01/19/07-80041-003 CITY-ST-ZIP TAVERNIER, FL 33070 TITLE and halfe altered the residence of the a karajak peradan dan dan dan keraja man darah sebagai penar dan darah sebegai darah NAME STREET ADDRESS ang digi kang ang di digi kang ngangkangka pangga pingkang pinggang pinggan pinggang pinggang pinggang pinggan CITY-ST-ZIP en residente la proposició de la compactica de la compactica de la compactica de la compactica de la compactic TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP alganggi ng tagalangi. Amizatisa diselak dibib dibib TITLE NAME and for the complete out of the complete and the complete out the specific of the complete out of the complete STREET ADDRESS and the first of the state of t CITY-ST-ZIP an manganag na banda ani manda na jina bi dipendan di dipenda di dipendanan di sa TITLE anganang managan ig mgi dag, ang ig managan igangan pangan ing mini ay ing ilipin an ani ing mini at ma NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 lignature 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 hystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(3) MARS (3)

SIGNATURE:

City-St-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

and the commence of the contract of the contra

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Daylima Phone #