

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 213417

FILED
Apr 21, 2008
Secretary of State

Entity Name: BRICE DEVELOPMENT, INC.

Current Principal Place of Business:

5517 SW 69 TERR
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

5517 SW 69 TERR
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 59-0843274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DAVID M
5517 SW 69 TERR
GAINESVILLE, FL 32608 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUMMERFIELD, SARA M.,
Address: 5517 SW 69 TERR
City-St-Zip: GAINESVILLE, FL 32603

Title: PD () Delete
Name: MILLER, DAVID M,
Address: 5517 SW 69 TERR
City-St-Zip: GAINESVILLE, FL 00000,

Title: STD () Delete
Name: COX, ALISON L.
Address: 5517 SW 69 TERR
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: FERENCE, STEPHANIE A.
Address: 5517 SW 69 TERR
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: SUMMERFIELD, SARA M.,
Address: 5517 SW 69 TERR
City-St-Zip: GAINESVILLE, FL 32603

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

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: ALISON L. COX

STD

04/21/2008

Electronic Signature of Signing Officer or Director

Date