

**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 286564**

1. Entity Name  
**BRIERWOOD BUILDERS, INC.**



Principal Place of Business

**818 HWY A1A NORTH  
SUITE 205  
PONTE VEDRA BEACH, FL 32082-3297**

Mailing Address

**818 HWY A1A NORTH  
SUITE 205  
PONTE VEDRA BEACH, FL 32082-3297**



04162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1060661**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SELBER, LEONARD A  
818 HWY A1A NORH  
SUITE 205  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

000006127620  
04/25/04-800005-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	KUPPERMAN, FRED
STREET ADDRESS	8339 DAFFIN LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	DV
NAME	SETZER, LEONARD R.
STREET ADDRESS	2623 FOREST CIRCLE CT.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	SELBER, JOEL
STREET ADDRESS	1104 LAKEWOOD RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	PD
NAME	SELBER, LEONARD A.
STREET ADDRESS	818 HWY A1A NORTH SUITE 205
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VD
NAME	FLETCHER, JULIUS
STREET ADDRESS	4041 BARCELONA AVE.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

*Leonard A Selber, Inc.*

*Leonard A Selber*

*4/20/04*

*707-1000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #