


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90339 033 ***150.00

DOCUMENT # 542174		
1. Entity Name THE BRIAR CORPORATION		

Principal Place of Business 4570 ORANGE BLVD. LAKE MONROE, FL 32747	Mailing Address P.O. BOX 470264 LAKE MONROE, FL 32747
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04152004



4. FEI Number 59-1763946		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOOD, MICHAEL J. 1885 W LAKE MARY BLVD LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME STREET ADDRESS CITY-ST-ZIP	RIVERS, SRAVUT NOY 3600 THOMPSON RD LAKE MARY, FL 32746 <input type="checkbox"/> Delete	EXEC. VICE PRESIDENT NAME STREET ADDRESS CITY-ST-ZIP	RIVERS, SRAVUT NOY 3600 THOMPSON ROAD LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME STREET ADDRESS CITY-ST-ZIP	GOOD MICHAEL J 1885 W LAKE MARY BLVD LAKE MARY, FL 32746 <input type="checkbox"/> Delete		
EVP NAME STREET ADDRESS CITY-ST-ZIP	HARRELL, ROBERT E. 108 ORANGE DRIVE SANFORD, FL <input type="checkbox"/> Delete	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME STREET ADDRESS CITY-ST-ZIP	KECK, WILLIAM B 169 VISTA OAK DR LONGWOOD, FL 32779 <input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/16/04 (407) 321-2773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOY-RIVERS, EXECUTIVE VICE PRESIDENT