

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90030 021 ***158.75

DOCUMENT # 542174

1. Entity Name

THE BRIAR CORPORATION



Principal Place of Business

4570 ORANGE BLVD
LAKE MONROE FL 32747

Mailing Address

PO BOX 470264
LAKE MONROE FL 32747



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-1763946

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOOD, MICHAEL J
4570 ORANGE BLVD
LAKE MONROE FL 32747

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: **EVP** ☐ Delete
NAME: **RIVERS, SRAVUT NOY**
STREET ADDRESS: **3600 THOMPSON RD**
CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **D** ☐ Delete
NAME: **GOOD MICHAEL J**
STREET ADDRESS: **1885 W LAKE MARY BLVD**
CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **VP** ☐ Delete
NAME: **HARRELL, ROBERT E.**
STREET ADDRESS: **108 ORANGE DRIVE**
CITY-ST-ZIP: **SANFORD FL**

TITLE: **P** ☐ Delete
NAME: **KECK, WILLIAM B**
STREET ADDRESS: **169 VISTA OAK DR**
CITY-ST-ZIP: **LONGWOOD FL 32779**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06 (407) 321-2773

Date

Daytime Phone #