

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # H17144  
1. Entity Name  
BRIARCLIFF INDUSTRIES, INC.



Principal Place of Business  
5775 BRIARCLIFF RD.  
FT. MYERS, FL 33912

Mailing Address  
5775 BRIARCLIFF RD.  
FT. MYERS, FL 33912



01082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2544095

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITTLE, SHIRLEY E.  
5775 BRIARCLIFF ROAD  
FORT MYERS, FL 33912

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UN0000384090  
01/13/06-80026-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WHITTLE, SHIRLEY E.
STREET ADDRESS	RT. 13 818 F. BRIARCLIFF
CITY-ST-ZIP	FT. MYERS, FL
TITLE	VT
NAME	WHITTLE, SHIRLEY E.
STREET ADDRESS	RT. 13 818 F. BRIARCLIFF
CITY-ST-ZIP	FT. MYERS, FL
TITLE	D
NAME	WHITTLE, ROBERT L
STREET ADDRESS	5775 BRIARCLIFF RD.
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L. Whittle* *Shirley E. Whittle* *Robert L. Whittle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-8-06 Daytime Phone #: 239 489 3000