

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H96091

FILED
Jan 06, 2006
Secretary of State

Entity Name: BRIAN'S PATIO FURNITURE CO.

Current Principal Place of Business:

4850 SE FEDERAL HIGHWAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

4850 SE FEDERAL HIGHWAY
STUART, FL 34997

New Mailing Address:

FEI Number: 59-2459110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOEL, BRIAN
4850 SE FEDERAL HIGHWAY
STUART, FL 34997 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: DT () Delete
Name: ROGERS, DEWEY D.,
Address: 601 KARRIGAN TERRACE
City-St-Zip: PORT ST LUCIE, FL

Title: DP () Delete
Name: NOEL, BRIAN F.,
Address: 4683 CHEERIO LANE
City-St-Zip: STUART, FL

Title: DS () Delete
Name: CHREITZBERG, MELISSA K
Address: 3841 SE DIXIE ROSS ST.
City-St-Zip: STUART, FL 34997

Title: V () Delete
Name: SNYDER, DOUGLAS
Address: 507 SE SUNNYBROOK TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: V () Delete
Name: WHITEMORE, PETER
Address: 6310 SE LAKE CIRCLE DRIVE
City-St-Zip: STUART, FL

Title: V () Delete
Name: PASCUAL, MIGUEL
Address: 224 SE ST. LUCIE BLVD. APY. 208
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: MELISSA K.CHREITZBERG

SEC.

01/06/2006

Electronic Signature of Signing Officer or Director

Date