


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # K03308 1. Entity Name BRIGGS COLLECTIBLES, INC.		
Principal Place of Business 5121 NE 31 AVE LIGHTHOUSE POINT, FL 33064	Mailing Address 5121 NE 31 AVE LIGHTHOUSE POINT, FL 33064	



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0022066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRIGGS, DONALD W., JR. 5121 N.E. 31ST AVE. LIGHTHOUSE POINT, FL 33064	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00**

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

1100000199193

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRIGGS, DONALD W., JR.
STREET ADDRESS	5121 N.E. 31ST AVE.
CITY- ST- ZIP	LIGHTHOUSE POINT, FL
TITLE	D
NAME	BRIGGS, JOAN E.
STREET ADDRESS	5121 N.E. 31ST AVE.
CITY- ST- ZIP	LIGHTHOUSE POINT, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 exemption stated in Section 119.07(3)(f), 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

Donald Briggs Donald Briggs

1-6-05 954 480 6214

Date

Daytime Phone #