2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K03308

1. Entity Name

BRIGGS COLLECTIBLES, INC.



FILED Mar 26, 2008 08:00 AM **Secretary of State**

Principal Place of Business

5121 NE 31 AVE LIGHTHOUSE POINT, FL 33064 Mailing Address

5121 NE 31 AVE

LIGHTHOUSE POINT, FL 33064



DO NOT WRITE IN THIS SPACE

03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0022066

Applied For Not Applicable

5. Certificate of Status Desired

\$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

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title	if applicable, (NOTE: Registered	d Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZiP	DP BRIGGS, DONALD W., JR. 5121 N.E. 31ST AVE. LIGHTHOUSE POINT, FL			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRIGGS, JOAN E 5121 N.E. 31ST AVE. LIGHTHOUSE POINT, FL				000000870435 04/09/08-80092-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-\$1-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS		-		۳	e to a many the time

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. If 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 eath; 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.

CITY-ST-ZIP