2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 14, 2004 8:00 am Secretary of State

1. Entity Name MARCELLA BRIGGS PA						09-14-20	04 90001	031 ***1	50.00
Principal Place of Business 3904 NW CINNAMON CIR JENSEN BCH, FL 34957		Mailing Address 3904 NW CINNAMON CIR JENSEN BCH, FL 34957		,		0 4 1	77287	70	
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				, =		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
·				07092004	Chg-P	CR2E034	<u> </u>		
City & State) :	City & State			4. FEI Numbe	7-1160)389	3	olied For Applicable
Zip	Country	Zip	Coun	itry .	5. Certificate	of Status Desired		8.75 Addi ee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
BRIGGS, MARCELLA				Name					
3904 NW CINNAMON CIR JENSEN BCH, FL 34957			Street Address (P.O. Box Number is Not Acceptable)						
							-	· ·	
)			City			FL	Zip Code	
	named entity submits this statement for one of registered agent.	the purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am fai	miliar with, a	and accept
SIGNATURE_	l is Signature, typed or printed name of registered agent a	ind little if applicable. (NOT	E: Registere	ed Agent signature required	d when reinstaling)		DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	In accordance v	with s. 607.1 not receive	93(2)(b), F the prior n	S., the otice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	DIRECTORS	IN 11
THTLE	DP _µ	☐ Delete	TITL	E				Change	
NAME	BRIGGS, MARCELLA							Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	3904 NW CINNAMON CIRCLE		NAM	4				Grange	Addition
			STRE	ME EET ADDRESS 7-ST-ZIP			•	Glidlige	Addition
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Interest certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: