


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P03000115224 |  |
| 1. Entity Name WALTER PETER BRIGGS, INC. | |

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| Principal Place of Business 980 COLONIAL DR. ST. AUGUSTINE, FL 32086 | Mailing Address 980 COLONIAL DR. ST. AUGUSTINE, FL 32086 |
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 57-1189843 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BRIGGS, WALTER P 980 COLONIAL DR. ST. AUGUSTINE, FL 32086 |
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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 _____ 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

00000444126
03/06/06-80040-009 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD BRIGGS, WALTER P 980 COLONIAL DRIVE ST. AUGUSTINE, FL 32086 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP BRIGGS, HELEN T 980 COLONIAL DR. SAINT AUGUSTINE, FL 32086 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter P. Briggs WALTER P. BRIGGS, PRESIDENT 2-20-06 904 794 1014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #