## 2006 FOR PROFIT CORPORATION

## Apr 14, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #P32244 04-14-2006 90152 027 \*\*\*150.00 1. Entity Name BRIGGS OF COCOWALK, INC. Principal Place of Business Mailing Address 50012274 OLD METAIRIE VILLAGE **OLD METAIRIE VILLAGE** 701 METAIRIE ROAD 701 METAIRIE ROAD METAIRIE, LA 70005 METAIRIE, LA 70005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032006 CR2E034 (11/05) Chg-P City & State City & State Applied For 4. FEI Number 72-1166365 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Director PD TITLE ☐ Delete TITLE Change ☐ Addition David A. Briggs, Jr. 701 MetairieRd, Ste 2A-210 BRIGGS, DAVID A., JR. NAME NAME 701 METAIRIE ROAD STREET ADDRESS STREET ADDRESS Metairie, LA 70005 CITY-ST-ZEP METAIRIE, LA 70005 CITY-ST-ZIP sec. / Treas TITLE □ Delete TITLE Change Change ☐ Addition DRAGO, DANNY Danny Drago Rd, Ste 2A-210 NAME NAME STREET ADDRESS 701 METAIRIE ROAD STREET ADDRESS CITY-ST-ZIP METAIRIE, LA CITY-ST-ZIP Metairie, LA 70005 President Driggs Travis L. Briggs 701 Metairie Rd, Ste 2A-210 ☐ Delete Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS Metairie, LA 70005 CITY-ST-ZIP CITY-ST-71P TITI F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

**SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME & SIGNING

12. Thereby 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 er