

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUN -3 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000017126

1. Entity Name
BRIARWOOD DEVELOPMENT CORPORATION



Principal Place of Business
3927 ARNOLD AVE
NAPLES, FL 34104 US

Mailing Address
3927 ARNOLD AVE
NAPLES, FL 34104 US



03202003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0561071	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

PRICE, MARK J
ROETEEL & ANDRESS
850 PARKSHORE DR
NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

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.

000037669790
06/04/04--01055--025 **550.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPINELLI, WILLIAM P.O. BOX 8725 N/A NAPLES, FL 33941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPINELLI, THOMAS 3927 ARNOLD AVE. NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

*WZM
6/3*

12. I hereby 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: *Thomas Spinelli* 5/27/04 (239)435-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #