


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000012146

1. Entity Name
BRIARWOOD VILLAGE, INC.



Principal Place of Business Mailing Address

**10547-10553 SPRING HILL DR.
 SPRING HILL, FL 34608** **9131 BLAINE RD
 SPRING HILL, FL 34608**

DO NOT WRITE IN THIS SPACE



07012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3557266	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

**DEVITO, HENRY
 10545-10553 SPRING HILL DR.
 SPRING HILL, FL 34608**

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.

SIGNATURE _____ U00000588051
 _____ 07/06/06-80006-019 150.00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEVITO, HENRY
STREET ADDRESS	9131 BLAINE RD.
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	D
NAME	SMITH, BILL
STREET ADDRESS	9131 BLAINE RD.
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Henry DeVito, President* 07-05-06 (352) 686-3005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #