

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V23710

FILED
Feb 13, 2009
Secretary of State

Entity Name: BRIAR PATCH INVESTMENTS, INC.

Current Principal Place of Business:

2582 FIRST ST
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2582 FIRST ST
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 65-0323245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARPE, DONNIE MARLENE
2582 FIRST ST
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAPRE, DONNIE MARLE, NE
Address: 4170 PRESTWICK CT
City-St-Zip: N FT MYERS, FL

Title: D () Delete
Name: WARD, WALTER,
Address: 2582 E FIRST ST
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHAPRE, DONNIE MARLE, NE
Address: 4170 PRESTWICK CT
City-St-Zip: N FT MYERS, FL 33903 US

Title: D (X) Change () Addition
Name: WARD, WALTER,
Address: 2582 E FIRST ST
City-St-Zip: FORT MYERS, FL 33901 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNIE MARLENE SHARPE

PRES

02/13/2009

Electronic Signature of Signing Officer or Director

Date