


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # V68314</b> 1. Entity Name <b>BRIGGS GROVES, INC.</b>																																																																																																																																																											
Principal Place of Business <b>160 E. LAKE HOWARD WINTER HAVEN FL 33881 US</b>			Mailing Address <b>160 EAST LAKE HOWARD DRIVE WINTER HAVEN FL 33881</b>																																																																																																																																																								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State																																																																																																																																																									
Zip	Country	Zip	Country																																																																																																																																																								
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																							
<b>BRIGGS, DEANE R. 160 EAST LAKE HOWARD DRIVE WINTER HAVEN FL 33881</b>				Name																																																																																																																																																							
				Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																																							
				City <span style="float: right;"><b>FL</b></span> 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 <u><i>Deane R. Briggs</i></u> <b>PRESIDENT</b> <span style="float: right;">DATE</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution.																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BRIGGS, DEANE R.</td> <td></td> <td>STREET ADDRESS</td> <td>1000000026402</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>160 E. 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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.																																																																																																																																																											
<b>SIGNATURE:</b> <u><i>Deane R. Briggs</i></u> <b>PRESIDENT</b> <span style="float: right;">1-29-04 (863) 299-1251</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											



MOORE CR2E034 (11/03)