


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90010 019 ***550.00

DOCUMENT # J95904
 1. Entity Name
BRIERLEY SALES ASSOCIATES, INC.



Principal Place of Business Mailing Address
 303 22ND ST 2381 FRUITVILLE ROAD
 BELLEAIR BEACH, FL 34634 US SARASOTA, FL 34237 US

24084816



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

BRIERLEY, ROBERT S.
 303 22ND ST
 BELLEAIR BEACH, FL 34634

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

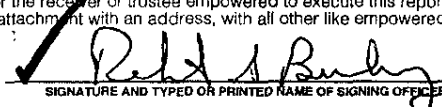
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRIERLEY, ROBERT	
STREET ADDRESS	303 22ND ST	
CITY-ST-ZIP	BELLEAIR BEACH, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRIERLEY, SALLIE	
STREET ADDRESS	303 22ND ST	
CITY-ST-ZIP	BELLEAIR BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

JUL 06 2004

Date Daytime Phone #