


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90124 040 \*\*\*150.00

**DOCUMENT # J33538**

1. Entity Name  
 CECILIA BRYANT, P.A.




Principal Place of Business C/O CECILIA BRYANT 1400 PRUDENTIAL DR #7 JACKSONVILLE, FL 32207	Mailing Address C/O CECILIA BRYANT 1400 PRUDENTIAL DR #7 JACKSONVILLE, FL 32207
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2. Principal Place of Business 550 WATER STREET SUITE 1230 JACKSONVILLE, FLORIDA 32202	3. Mailing Address 550 WATER STREET SUITE 1230 JACKSONVILLE, FLORIDA 32202
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent  
 BRYANT, CECILIA  
 1400 PRUDENTIAL DR #7  
 JACKSONVILLE, FL 32207



01162006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2848179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of New Registered Agent  
 new address  
~~CECILIA BRYANT, P.A.~~  
 550 WATER STREET  
 SUITE 1230  
 JACKSONVILLE, FLORIDA 32202  
 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: *Cecilia Bryant* DATE: 3/1/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRYANT, CECILIA 4339 ORTEGA FOREST DR. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Cecilia Bryant* Pres 3/1/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904 3366