

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000122502 1. Entity Name J. W. BRYAN, INC.					
Principal Place of Business 13609 N. FLORIDA AVE. TAMPA FL 33613				Mailing Address 13609 N. FLORIDA AVE. TAMPA FL 33613	
2. Principal Place of Business - No. P.O. Box # N/A		3. Mailing Address N/A			
City & State TAMPA FLA		City & State SAME		4. FEI Number 20-3634486	
Zip 33613		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYAN, JAMES W JR 13609 N. FLORIDA AVE. TAMPA FL 33613				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYAN, JAMES W JR 13609 N. FLORIDA AVE. TAMPA FL 33613		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000629229 02/16/07-80049-019 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07

813 961 730

Date

Daytime Phone #