2009 EOD DECEIT CODEODATION

FILED 7, 2008 08:00 AN retary of State

> Applied For Not Applicable

ANNUAL REPORT			Mar 07, 2008 08	
DOCUMENT # P970000 1. Entity Name 2501 BRISTOL, INC.	144280		Secr	etary of S
Principal Place of Business	Mailing Address			
P.O. BOX 85 West Palm Beach, Fl. 33402	P.O. BOX 85 West Palm Beach, FL 3340	2		
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, DO NOT WITH		10 p 2 2 2 2	4. FEI Number 65-0753835	Applied For Not Applicable
	The state of the s	The state of the s	5 Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Curr	rent Registered Agent	1.	e e e e e e e e e e e e e e e e e e e	
JOHNSON, SCOTT A 505 S FLAGLER DR		1 10,000	DO NOT WRITE	,
STE 1010 WEST PALM BEACH, FL 33401			IN THIS SPACE	120
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The above named entity submits this statement the obligations of registered agent.	int for the purpose of changing its registe	red office or register	red agent, or both, in the State of Florida. I am t	familiar with, and accept
SIGNATURE	agent and life if applicable (NOTE: Register	ed Agent signature required	d when reinstaling) DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME JOHNSON, SCOTT A STREET ADDRESS 505 S FLAGLER DR, STE 1010 WEST PALM BEACH, FL 33401 CITY - ST - ZIP TITLE NAME KOENIG, PATRICK C STREET ADDRESS 505 S FLAGLER DR, STE 1010 WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE NAME JOHNSON, RICHARD S JR. STREET ADDRESS 505 S FLAGLER DR, STE 1010 CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-S1-7IP TITLE STREET ADDRESS CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #