

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000054592

**Entity Name:** AB BRYAN ENTERPRISES, INC.

**Current Principal Place of Business:**

6899 NORTH SCENIC HWY.  
LAKE WALES, FL 33898

**Current Mailing Address:**

6899 NORTH SCENIC HWY.  
LAKE WALES, FL 33898

**FEI Number:** 20-1040795

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRYAN, JAMES R  
6899 NORTH SCENIC HWY.  
LAKE WALES, FL 33898 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BRYAN, JAMES R  
Address 6899 NORTH SCENIC HWY.  
City-State-Zip: LAKE WALES FL 33898

Title T  
Name BRYAN, J. MICHAEL  
Address 6899 NORTH SCENIC HWY.  
City-State-Zip: LAKE WALES FL 33898

Title S  
Name BRYAN, C. SUZANNE  
Address 6899 NORTH SCENIC HWY.  
City-State-Zip: LAKE WALES FL 33898

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES BRYAN

**OWNER**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date