

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90018 022 \*\*\*150.00

**DOCUMENT # 370982**

1. Entity Name

**BRYANT ANSWERING SERVICE, INC.**



Principal Place of Business

10055 SUNSET DR  
MIAMI FL 33173  
US

Mailing Address

10055 SUNSET DR.  
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1306110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRYANT, MARGARET L.**  
**10055 S.W. 72 STREET**  
**MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name

**John J. Bryant**

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

**10055 SW 72 Street**

City

**Miami**

FL

Zip Code

**33173**

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

**JOHN BRYANT**

**vice-president**

**1/25/06**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, MARGARET L.	
STREET ADDRESS	7341 S W 84TH CT	
CITY- ST- ZIP	MIAMI, FL 33143	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRYANT, WILLIAM J	
STREET ADDRESS	7341 S W 84TH CT	
CITY- ST- ZIP	MIAMI, FL 33143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRYANT, DIANNE L.	
STREET ADDRESS	7341 S. W 84 COURT	
CITY- ST- ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRYANT, JOHN J	
STREET ADDRESS	7341 SW 84TH COURT	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:**

**JOHN BRYANT**

**vice-president (John Bryant)**

**1/25/06 305-271-5929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #