## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

6. Name and Address of Current Registered Agent

## **FILED** Mar 12, 2007 08:00 A Secretary of State CR2E034 (11/05) Applied For 59-1428186 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

	DOCUMENT # 414026  1. Entity Name WALTER H. BRYAN, INC.		., + -		
	Principal Place of Business: 196 \$1.5 \$20 \$3.0 Mailing Address  6807 STUART LANE SOUTH P.O. BOX 6772  JACKSONVILLE, FL. 32254 JACKSONVILLE, FL. 32236				
	DO NOT WRITE IN THIS SPACE	03062007 No Chg-P			
Ì	DO NOT WRITE IN THIS SPACE	4. FEI Number			

DO NOT WRITE

6807 STU	/ALTER H., JR. ART LANE SOUTH VILLE, FL 32205		DO NOT WRITE IN THIS SPACE					
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 Signature, typed or printed name of registered agent and title if applicable. 115 (NOTE: Registered			d Agent signature required when reinstating)	DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00"  Trust Fund Contribution.		icing\$5.00 May Be						
TITLE : NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE VSTD BRYAN, WALTER H., JR. 6807 STUART LANE SOUTH JACKSONVILLE, FL	CTORS		U00000662226 03/21/07-80004-021 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE 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 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, will all other like empowered.  SIGNATURE:  WHATER H. BRYAN JAM. 3/6/19 904-181-016/								
SIGNAT	SIGNATURE: WHILE AND TYPED OR PRINTED HOPE OF SIGNING OFFICER OR DIRECTOR Date Date Date Description Proces							