


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90077 048 ***150.00

DOCUMENT # 466676	
1. Entity Name BRYLA CONSTRUCTION, INC.	

Principal Place of Business 867 KELI AIRE DR. DESTIN, FL 32541	Mailing Address 867 KELI AIRE DR. DESTIN, FL 32541
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2. Principal Place of Business - No P.O. Box # 333 ELLIOTT ROAD	3. Mailing Address 333 ELLIOTT ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT WALTON BEACH, FL	City & State FORT WALTON BEACH, FL
Zip 32548	Country USA
Zip 32548	Country USA

40003227




01052007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1608491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRYLA, DOMINIC A. 204 GILMORE CT., SE FT. WALTON BCH., FL 32548	7. Name and Address of New Registered Agent Name BRYLA, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 333 ELLIOTT ROAD City FORT WALTON BEACH FL Zip Code 32548
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I, 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  PD DATE **1-16-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYLA, DOMINIC A. 204 GILMORE CT, SE FT. WALTON BCH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYLA, MICHAEL A. 204 GILMORE CT, SE FT. WALTON BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYLA, MICHAEL A. 333 ELLIOTT ROAD FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:  **MICHAEL A. BRYLA** Date **1-16-07** Daytime Phone # **850-585-5931**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR