

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 673220
 1. Entity Name
 BRYAN'S AUTOMOTIVE, INC.



Principal Place of Business 1400 AVENUE E C/O EUGENE BYRAN RIVIERA BEACH, FL 33404	Mailing Address 1400 AVENUE E C/O EUGENE BYRAN RIVIERA BEACH, FL 33404 US
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01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2004862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRYAN, WILLIAM C
 1400 AVENUE EAST
 RIVIERA BEACH, FL 33404

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 STREET ADDRESS CITY - ST - ZIP	STD BRYAN, MARY R 263 KELSEY PARK CIRCLE PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRYAN, EUGENE, JR 8559 DAMASCUS DR LAKE PARK, FL 00000.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRYAN, WILLIAM 1460 AVE E WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME 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 exemption stated in Section 119.07(3)(f), 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 or empowered

SIGNATURE: William C. Bryan Date: 2-7-05 Daytime Phone #: 561-848-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR