

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 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																																																																																																																							
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																							
City & State			City & State																																																																																																																							
Zip		Country		Zip																																																																																																																						
Country		Country		4. FEI Number 59-2004862																																																																																																																						
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																																																																																						
6. Name and Address of Current Registered Agent BRYAN, WILLIAM C 1400 AVENUE EAST RIVIERA BEACH FL 33404				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																						
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 consulting)																																																																																																																										
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 \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees																																																																																																																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">STD</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BRYAN, MARY R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>263 KELSEY PARK CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH GARDENS FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BRYAN, EUGENE, JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8559 DAMASCUS DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE PARK, FL 00000</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BRYAN, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1460 AVE E</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH FL 33404</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	STD	☐ Delete	NAME	BRYAN, MARY R		STREET ADDRESS	263 KELSEY PARK CIRCLE		CITY-ST-ZIP	PALM BEACH GARDENS FL		TITLE	PD	☐ Delete	NAME	BRYAN, EUGENE, JR		STREET ADDRESS	8559 DAMASCUS DR		CITY-ST-ZIP	LAKE PARK, FL 00000		TITLE	VD	☐ Delete	NAME	BRYAN, WILLIAM		STREET ADDRESS	1460 AVE E		CITY-ST-ZIP	WEST PALM BEACH FL 33404		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	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 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: <u>William C. Bryan</u> 2-24-06 561-848-0200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																										