

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90028 041 ***150.00

DOCUMENT # F25365
 1. Entity Name
BRYANT REALTY, INC.



Principal Place of Business Mailing Address
C/O JUDITH G. BRYANT **C/O JUDITH G. BRYANT**
794 FOXRIDGE CTR DR #103 **988 MARBLERIDGE CT**
ORANGE PARK FL 32065 **ORANGE PARK FL 32065**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
JUDITH G. BRYANT **SAME**
 Suite, Apt., etc. Suite, Apt., etc.
988 MARBLERIDGE CT
 City & State City & State
O.P., FL

4. FEI Number **59-2095086** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRYANT, JUDITH G.
794 FOXRIDGE CTR DR #103
ORANGE PARK FL 32065-2775

7. Name and Address of New Registered Agent
~~Name **BRYANT, JUDITH G.**~~
~~Street Address (P.O. Box Number is Not Acceptable) **988 MARBLERIDGE CT**~~
~~City **O.P.** State **FL** Zip Code **32065**~~

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 **JUDITH G. BRYANT** *Judith G. Bryant* **1-27-04**
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, 2004 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	P	<input type="checkbox"/> Delete
NAME	BRYANT, JUDITH G.	
STREET ADDRESS	988 MARBLERIDGE CT.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRYANT, JUDITH G.	
STREET ADDRESS	988 MARBLERIDGE CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRYANT, SHIELA M.	
STREET ADDRESS	1700 LISMORE CT.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYANT, JUDITH G.	
STREET ADDRESS	988 MARBLE RIDGE CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
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
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 exemption stated in Section 119.07(3)(i), 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: *Judith G. Bryant* **1-27-04** **904 252 9395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #