


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-04-2004 90028 041 \*\*\*150.00

<b>DOCUMENT # F25365</b>	
1. Entity Name <b>BRYANT REALTY, INC.</b>	

Principal Place of Business <b>C/O JUDITH G. BRYANT 794 FOXRIDGE CTR DR #103 ORANGE PARK FL 32065</b>	Mailing Address <b>C/O JUDITH G. BRYANT 988 MARBLERIDGE CT ORANGE PARK FL 32065</b>
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MOORE CR2E034 (11/03)

2. Principal Place of Business <b>JUDITH G. BRYANT 988 MARBLERIDGE CT O.P., FL 32065</b>	3. Mailing Address <b>SAME</b>
Suite, Apt., etc.	Suite, Apt., etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2095086</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent <b>BRYANT, JUDITH G. 794 FOXRIDGE CTR DR #103 ORANGE PARK FL 32065-2775</b>	7. Name and Address of New Registered Agent <b>BRYANT, JUDITH G. 988 MARBLERIDGE CT O.P., FL 32065</b>
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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 <b>JUDITH G. BRYANT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>1-27-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYANT, JUDITH G. 988 MARBLERIDGE CT. ORANGE PARK FL 32065 <input 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	T BRYANT, JUDITH G. 988 MARBLERIDGE CT ORANGE PARK FL 32065 <input 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	VP BRYANT, SHIELA M. 1700 LISMORE CT. MIDDLEBURG FL 32068 <input 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	S BRYANT, JUDITH G. 988 MARBLE RIDGE CT ORANGE PARK FL 32065 <input 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	<input 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	<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 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: <b>JUDITH G. BRYANT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>1-27-04</b> <small>Date</small>
	DAYTIME PHONE # <b>904 252 9395</b> <small>Daytime Phone #</small>