

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90012 007 ***150.00

DOCUMENT # F25365

1. Entity Name

BRYANT REALTY, INC.



Principal Place of Business

C/O JUDITH G. BRYANT
988 MARBLERIDGE CT.
ORANGE PARK FL 32065

Mailing Address

C/O JUDITH G. BRYANT
988 MARBLERIDGE CT
ORANGE PARK FL 32065



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

BRYANT, JUDITH G.
794 FOXRIDGE CTR DR #103
ORANGE PARK FL 32065-2775

Name

BRYANT, JUDITH G.

Street Address (P.O. Box Number is Not Acceptable)

988 MARBLERIDGE CT

City

OP

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-06

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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

Judith G. Bryant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-06