## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 29, 2004 08:00 AM Secretary of State

ANNUAL REPORT	
DOCUMENT # G37354  1. Endity Name BRYANT AND HIGBY, CHARTERED	

Principal Place of Business

% ROWLETT W. BRYANT 833 HARRISON AVENUE PANAMA CITY, FL 32401 Mailing Address

% ROWLETT W. BRYANT 833 HARRISON AVENUE PANAMA CITY, FL 32401



03242004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-2327344

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYANT, ROWLETT W. 833 HARRISON AVENUE PANAMA CITY, FL 32401

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PANAMA CITY, FL 32401		IN THIS SPACE				
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 Signature, typed or printed name of registered agent and title ("applicable" (NOTE Registered Agent agriculture required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financial     Trust Fund Contribution	rg 🗆	\$5.00 May Be Added to Fees	1:000:00097820 03/23/04-80016-015 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY SI-ZIP TITLE NAME STREET ADDRESS CITY SI-ZIP	PDS BRYANT, ROWLETT W. 833 HARRISON AVENUE PANAMA CITY, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY - ST- ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY ST-ZIP			·			
12. Thereby certify that the information supplied with this filling 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 local affect on if made under 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

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rowlett W.Bryant, President 3/24/04

850/763-1787

Daysme Phone #