


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # G47149</b> 1. Entity Name <b>BRYANT CONSTRUCTION &amp; ROOFING, INC.</b>						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-10deg);">04 MAY -7 PM 2:27</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-10deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 1.5em; font-weight: bold; margin-top: 5px;">04/20/04 01058 002 \$61.25</div> <div style="text-align: right; font-size: 1.5em; font-weight: bold; margin-top: 5px;">tr</div>	
Principal Place of Business <b>741 S. BRIDGE ST. LABELLE, FL 33935</b>				Mailing Address <b>PO BOX 308 LABELLE, FL 33975</b>			
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2339054</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		04212004 Chg-P CR2E034 (10/03)			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>SANCHEZ, CARLA 741 S. BRIDGE STREET LABELLE, FL 33975</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SANCHEZ, ROBERT 1805 PHILLIPS RD. ALVA, FL 33920</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V.D. Pack, Dennis Ray 1805 Phillips Rd. Alva FL 33920</b> <input type="checkbox"/> Change <input checked="" 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		
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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:** Robert Sanchez Robert Sanchez 5304 863675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #