

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G80252

1. Entity Name
CHARLES BRYANT ENTERPRISES, INCORPORATED



Principal Place of Business
2700 WHISPERWOOD LN
PANAMA CITY, FL 32405

Mailing Address
2700 WHISPERWOOD LN
PANAMA CITY, FL 32405

FILED
05 MAR 30 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02112005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2371085
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYANT, CHARLES
2700 WHISPERWOOD LN.
PANAMA CITY, FL 32405

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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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRYANT, CHARLES
STREET ADDRESS	202 N. PALO ALTO AVENUE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	T
NAME	BRYANT, CAROLYN G.
STREET ADDRESS	202 N. PALO ALTO AVENUE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500050598995
04/13/05--01004--012 **150.00

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IN THIS SPACE**

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: *Carolyn G. Bryant* Carolyn G. Bryant 3-28-05 785-3604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #