

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90010 020 \*\*\*158.75

<b>DOCUMENT # H02881</b> 1. Entity Name <b>BRYAN ELECTRIC OF MADISON, INC.</b>					
Principal Place of Business <b>111 PINCKNEY ST. MADISON, FL 32340 US</b>			Mailing Address <b>C/O OLIVIA KAREN WIELAND 111 W. PINCKNEY ST. MADISON, FL 32340 US</b>		
2. Principal Place of Business <b>219 SW Bunker St.</b> <small>Suite, Apt. #, etc.</small> <b>Madison FL</b> <small>City &amp; State</small>		3. Mailing Address <b>90 Olivia Karen Wieland</b> <small>Suite, Apt. #, etc.</small> <b>219 SW Bunker St.</b> <small>City &amp; State</small> <b>Madison FL</b>			
<small>Zip</small> <b>32340</b>	<small>Country</small> <b>USA</b>	<small>Zip</small> <b>32340</b>	<small>Country</small> <b>USA</b>	4. FEI Number <b>59-2418120</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WIELAND, OLIVIA K 219 SW Bunker St.</b> <del>111 W. PINCKNEY ST.</del> <b>MADISON, FL 32340</b>			7. Name and Address of New Registered Agent 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: <u>Olivia Karen Wieland</u> <u>5/22/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>WIELAND, OLIVIA K 219 SW Bunker St.</b> <del>111 W. PINCKNEY ST.</del> <b>MADISON, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete <b>WIELAND, ROBERT P 219 SW Bunker St.</b> <del>111 W. PINCKNEY ST.</del> <b>MADISON, FL</b>		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 exemptions contained in Chapter 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: <u>Olivia Karen Wieland</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>5/22/06</u> <small>Date</small>		<u>850-973-2330 after 1pm</u> <small>Daytime Phone #</small>