


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K49599 1. Entity Name BRYANT'S BLOOMERS, INC.					
Principal Place of Business 2700 PARK ST. JACKSONVILLE FL 32205			Mailing Address 2700 PARK ST. JACKSONVILLE FL 32205		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2979169 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
6. Name and Address of Current Registered Agent BRYANT, LARRY F 2700 PARK ST. JACKSONVILLE FL 32205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYANT, LARRY 4402 TRAVELERS RD. JACKSONVILLE FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYANT, CAROL 4402 TRAVELERS RD. JACKSONVILLE FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRYANNT, JR., LARRY 8839 E SPRING HARVEST LANE JACKSONVILLE FL 32244	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALINAS, MICHELLE 6290 TURNKETT ROAD JACKSONVILLE FL 32244	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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1st MOORE CR2E034 (10/05)

4. FEI Number **59-2979169** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

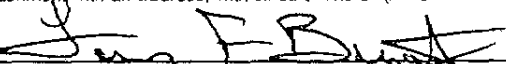
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYANT, CAROL 4402 TRAVELERS RD. JACKSONVILLE FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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:  **1-17-06** **904-394-9937**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR