

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM  
Secretary of State

DOCUMENT # K56914

1. Entity Name  
JERRY'S CONCRETE SAWING, INCORPORATED



Principal Place of Business  
C/O GERALD T. BRYSON  
224 CHERRYWOOD DRIVE  
MAITLAND, FL 32751

Mailing Address  
C/O GERALD T. BRYSON  
224 CHERRYWOOD DRIVE  
MAITLAND, FL 32751



DO NOT WRITE IN THIS SPACE

04192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2925700

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BRYSON, GERALD  
224 CHERRYWOOD DRIVE  
MAITLAND, FL 32751

DO NOT WRITE  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
BRYSON, SHARON  
224 CHERRYWOOD DRIVE  
MAITLAND, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
BRYSON, THOMAS L.  
224 CHERRYWOOD DR  
MAITLAND, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
BRYSON, GERALD  
224 CHERRYWOOD DR  
MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1100000345817  
04/30/05-80051-009 150.00

4-27-05 407 934 1255