

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90068 046 ***150.00

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

2. Principal Place of Business
224 CHERRYWOOD DR

3. Mailing Address
224 CHERRYWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212006 Chg-P CR2E034 (11/05)

City & State
MAITLAND, FL 32751

City & State
MAITLAND, FL 32751

4. FEI Number
59-2925700

Applied For
Not Applicable

Zip
32751

Country
USA

Zip
32751

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYSON, GERALD
224 CHERRYWOOD DRIVE
MAITLAND, FL 32751

Name
BRYSON, SHARON

Street Address (P.O. Box Number is Not Acceptable)
224 CHERRYWOOD DR

City
MAITLAND

FL

Zip Code
32751

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 Sharon Bryson Sharon Bryson 4-28-06
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, 2006 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 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Sharon Bryson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 407-834-1255
Date Daytime Phone #