2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2004 8:00 am
Secretary of State
04-12-2004 90304 041 ***150.00

DOCUMENT # M79826

1. Entity Name
RICHARD BRYSON JEWELER, INC.

Principal Place of Business	Mailing Address
% RICHARD M. BRYSON 6871 NORTH NINTH AVE. PENSACOLA, FL 32504	% RICHARD M. BRYSON 6871 NORTH NINTH AVE. PENSACOLA, FL 32504

66417564

01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2888857
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRYSON, RICHARD M.
6871 NORTH NINTH AVE.
PENSACOLA, FL 32504

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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: R M Bryson 4/15/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRYSON, RICHARD M.
STREET ADDRESS	3997 HIDDEN OAK DR.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	BRYSON, VIVIAN CAROL
STREET ADDRESS	3997 HIDDEN OAK DR.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: R M Bryson 4/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #