2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # M79826** RICHARD BRYSON JEWELER, INC. 04-18-2005 90572 021 ***150.00 Principal Place of Business Mailing Address % RICHARD M. BRYSON % RICHARD M. BRYSON 6871 NORTH NINTH AVE. 6871 NORTH NINTH AVE. PENSACOLA, FL 32504 PENSACOLA, FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2888857 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRYSON, RICHARD M. Street Address (P.O. Box Number is Not Acceptable) 6871 NORTH NINTH AVE. PENSACOLA, FL 32504 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITI F **Change** ☐ Addition BRYSON, RICHARD M. BRYSON, RICHARD M. NAME NAME 1825 BAYSHORE DR. SUITE 1201 STREET ADDRESS 3997 HIDDEN OAK DR. STREET ADDRESS PENSACOLA, FL 32507 CITY-ST-ZIP PENSACOLA, FL CITY-ST-ZIP D TITLE TITLE ☐ Change ☐ Addition Detete **BRYSON, VIVIAN CAROL** NAME NAME 3997 HIDDEN OAK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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, without other like empowered.

SRYSON

Daylime Phone #

FILED