


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90092 040 ***150.00

DOCUMENT # P00000052262			
1. Entity Name JULIAN BRYAN & ASSOCIATES, INC.			
Principal Place of Business PO BOX 810144 BOCA RATON FL 33481-0144		Mailing Address PO BOX 810144 BOCA RATON FL 33481-0144	
2. Principal Place of Business 1700 NW Arcadia Way		3. Mailing Address Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State Suite, Apt. #, etc.	
Zip 33432	Country Palm Beach	Zip 33432	Country Palm Beach
6. Name and Address of Current Registered Agent BRYAN, JULIAN T IV 1700 NW ARCADIA WAY BOCA RATON FL 33432		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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYAN, JULIAN T III 750 ST. ALBANS DR. 300 NE 25th ST BOCA RATON FL 33486-33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 NE 25th ST 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRYAN, JULIAN T IV 2115 NE 4TH COURT 767 SW 7th ST BOCA RATON FL 33481-33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 767 SW 7th ST 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PASCALE BRYAN 767 SW 7th ST BOCA RATON FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY PASCALE BRYAN 767 SW 7th ST Boca Raton FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/17/04

Date

561 391 7871

Daytime Phone #