

**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 Mailing Address  
 PO BOX 810144 PO BOX 810144  
 BOCA RATON FL 33481-0144 BOCA RATON FL 33481-0144

2. Principal Place of Business 3. Mailing Address  
*1700 NW Arcadia Way*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
*Boca Raton FL*  
 Zip Country Zip Country  
*33432 Palm Beach*



MOORE CR2E034 (11/03)

4. FEI Number **65-0992786** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	BRYAN, JULIAN T III
STREET ADDRESS	<del>750 ST. ALBANS DR.</del> 300 NE 25th ST
CITY-ST-ZIP	<del>BOCA RATON FL 33486</del> 33431
TITLE	VD <input type="checkbox"/> Delete
NAME	BRYAN, JULIAN T IV
STREET ADDRESS	<del>2115 NE 4TH COURT</del> 767 SW 7th ST
CITY-ST-ZIP	<del>BOCA RATON FL 33431</del> 33486
TITLE	SECRETARY <input type="checkbox"/> Delete
NAME	PASCAL BRYAN
STREET ADDRESS	767 SW 7th ST
CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300 NE 25th ST
CITY-ST-ZIP	33431
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	767 SW 7th ST
CITY-ST-ZIP	33486
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY PASCAL BRYAN
STREET ADDRESS	767 SW 7th ST Boca Raton FL
CITY-ST-ZIP	33486
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **3/17/04** **561 391 7871**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #