

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000087368	
1. Entity Name BRYANAVA CORPORATION	



FILED

05 MAY 10 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3672368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOLUB, PAUL F JR.
MANAGING MEMEBER
675 NORTH BEACH ST.
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May be
Added to Fees**

**700054751357
05/19/05--01002--025 **150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SWEET, JEFFREY C ESQ.
STREET ADDRESS	595 WEST GRANADA BOULEVARD #A
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	HOLUB, PAUL F JR
STREET ADDRESS	675 N BEACH STREET
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

JS 5/18

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/05