

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000052904**

1. Entity Name  
**BILLY BRYAN ELECTRIC, INC.**



Principal Place of Business  
**1170 DOVES HOLLOW  
TALLAHASSEE, FL 32304**

Mailing Address  
**1170 DOVES HOLLOW  
TALLAHASSEE, FL 32304**



03172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3725691**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BRYAN, WILLIAM P  
1170 DOVES HOLLOW  
TALLAHASSEE, FL 32304**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BRYAN, WILLIAM P
STREET ADDRESS	1170 DOVES HOLLOW
CITY - ST - ZIP	TALLAHASSEE, FL 32304
TITLE	V
NAME	GRAY, GARY
STREET ADDRESS	1303 POPLAR DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL 32304
TITLE	S
NAME	MARTINUCCI, RALPH W
STREET ADDRESS	2751 RAINTREE CIRCLE
CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	T
NAME	BRYAN, JONI R
STREET ADDRESS	1170 DOVES HOLLOW
CITY - ST - ZIP	TALLAHASSEE, FL 32304
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/28/05-80048-009 150.00

**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)(f), 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:** Joni R. Bryan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-05  
Date

850-576-1260  
Daytime Phone #