

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90155 011 \*\*\*150.00

**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**

**40066466**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-3725691**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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**

## 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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BRYAN, WILLIAM P</b>	
STREET ADDRESS	<b>1170 DOVES HOLLOW</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRAY, GARY</b>	
STREET ADDRESS	<b>1303 POPLAR DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINUCCI, RALPH W</b>	
STREET ADDRESS	<b>2751 RAINTREE CIRCLE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BRYAN, JONI R</b>	
STREET ADDRESS	<b>1170 DOVES HOLLOW</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>	
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 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	
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	
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 exemptions contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/07**

Date

Daytime Phone #