


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90098 047 \*\*\*150.00

<b>DOCUMENT # P01000105133</b>	
<b>1. Entity Name</b> BRYASON REALTY CORPORATION	

<b>Principal Place of Business</b> 150 E. PALMETTO PARK RD. SUITE 330 BOCA RATON, FL 33432	<b>Mailing Address</b> 150 E. PALMETTO PARK RD. SUITE 330 BOCA RATON, FL 33432
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<b>2. Principal Place of Business</b> 555 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc. #300 City & State BOCA RATON, FL Zip 33432 Country USA	<b>3. Mailing Address</b> 555 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc. #300 City & State BOCA RATON, FL Zip 33432 Country USA
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01042005 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-1149277	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> CHARLES, SHANE 150 E. PALMETTO PARK RD. #330 BOCA RATON, FL 33432	<b>7. Name and Address of New Registered Agent</b> Name CHARLES SHANE Street Address (P.O. Box Number is Not Acceptable) 555 SOUTH FEDERAL HIGHWAY #300 City BOCA RATON FL Zip Code 33432
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**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> SHANE, CHARLES 150 E. PALMETTO PARK RD. #330 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> SHANE, CHARLES 555 SOUTH FEDERAL HIGHWAY, #300 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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:**  **3/28/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #