


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000013610 1. Entity Name BRYLEN, INC.	
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Principal Place of Business 4745 SUTTON PARK COURT BLDG 500, SUITE 501 JACKSONVILLE, FL 32224	Mailing Address 4745 SUTTON PARK COURT BLDG 500, SUITE 501 JACKSONVILLE, FL 32224
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-1019166	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BARTLETT & DEAL, P.A.
135 PROFESSIONAL DR., STE. 101
PONTE VEDRA BEACH, FL 32082

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000007316710 04/19/05-80085-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BARTLETT, BARON L 135 PROFESSIONAL DR., STE. 101 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LENDRY, BRYAN J 4745 SUTTON PARK CT. SUITE 501 JACKSONVILLE, FL 32224
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Bryan J. Lendry <small>Date</small>	4/8/05 <small>Daytime Phone #</small>	904-992-2100
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