

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90137 018 ***150.00

DOCUMENT # P02000018969						
1. Entity Name BRYNN-LANE INC.						
Principal Place of Business 801 DEERWOOD RD CELEBRATION, FL 34747			Mailing Address 801 DEERWOOD RD CELEBRATION, FL 34747			
2. Principal Place of Business		3. Mailing Address PO Box 470668				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State CELEBRATION FL		4. FEI Number 75-3010844		
Zip		Zip 34747		Country USA		
6. Name and Address of Current Registered Agent SCHMID, GARY J 801 DEERWOOD RD CELEBRATION, FL 34747				7. Name and Address of New Registered Agent		
Name				Name		
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)		
City				City FL		
Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>						
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				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME SCHMID, GARY J		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 801 DEERWOOD RD	CITY-ST-ZIP CELEBRATION, FL 34747			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SV	NAME TESLA-SCHMID, LAURIE		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 208 LOCUST AVE	CITY-ST-ZIP BABYLON, NY 11702			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	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: <i>[Signature]</i> PRESIDENT				3/6/05 516.443.2029		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		