

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90012 013 ***150.00

DOCUMENT # P02000029033	
1. Entity Name JOHN BRYAN AUTOMOTIVE, INC.	

Principal Place of Business 2900 BORDEN MARIANNA, FL 22448	Mailing Address 2900 BORDEN MARIANNA, FL 22448
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94009088

2. Principal Place of Business 2900 Borden St.	3. Mailing Address 2900 Borden St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Marianna, FL	City & State Marianna, FL
Zip 32448	Country Jackson

01202004 Chg-P CR2E034 (10/03)

4. FEI Number 73-1625335	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MARTS, THAYER M 155 OFFICE PLAZA DR. TALLAHASSEE, FL 32301	

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D BRYAN, JOHN 1973 HOPE SCHOOL DR. MARIANNA, FL 32448	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D BRYAN, KELLY 1973 HOPE SCHOOL DR. MARIANNA, FL 32448	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.
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SIGNATURE: 	John Bryan Pres.	1/29/04	850 982 4594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #