

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060099

Entity Name: BRYCE INDUSTRIES, INC.

FILED
Jun 17, 2005
Secretary of State

Current Principal Place of Business:

5125 CASTELLO DR.
NAPLES, FL 34103

New Principal Place of Business:

14815 CARDUCCI CT.,
BONITA SPRINGS, FL 34135

Current Mailing Address:

5125 CASTELLO DR.
NAPLES, FL 34103

New Mailing Address:

14815 CARDUCCI CT.,
BONITA SPRINGS, FL 34135

FEI Number: 02-0618236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JOE
5125 CASTELLO DR.
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MILLER, JOE
14815 CARDUCCI CT.,
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: JOE MILLER

06/17/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ERMAN, TANIA N
Address: 7955 ARDEN CT.
City-St-Zip: DUNN LORING, VA 22027

Title: D () Delete
Name: ERMAN, SHANNON C
Address: 7955 ARDEN CT.
City-St-Zip: DUNN LORING, VA 22027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ERMAN, TANIA N
Address: 43232 GOLF VIEW DR.,
City-St-Zip: SOUTH RIDING, VA 20152

Title: D (X) Change () Addition
Name: ERMAN, SHANNON C
Address: 43232 GOLF VIEW DR.,
City-St-Zip: SOUTH RIDING, VA 20152

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON ERMAN

D

06/17/2005

Electronic Signature of Signing Officer or Director

Date