2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P0200096590 1. Entity Name BRYAN ANDREWS SURLES SERVICES INC					FILED SECRETARY OF SIA DIVISION OF CORPORA	ATE TIONS	
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Oringinal Diag	or of Dunings	Marilian Address		Paganiti	07 APR 17 PM 1:	וכ	
Principal Place of Business Mailing Address 217 SHADY LN 217 SHADY LN							
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Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E0	34 (10/06)	
City & State		City & State		4. FEI Number 05-0530563	1	oplied For	
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current	t Registered Agent			7. Name and Address of New Registere	d Agent	
SURLES,-BRYAN				Name			
217 SHADY LN MONTICELLO FL 32344				Street Address (P.O. Box Number is Not Acceptable)			
				City	F	Zip Cod	ie
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 Signature, typed or printed name of registered agent and title in applicable. (NOTE; Registered Agent significance required where reinstating) DATE							
F	ILE NOW!!! FEE IS \$150,00				D. Floring Company 5		00
After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees
					ADDITIONAL INVESTIGATION OF THE PROPERTY OF TH		
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS A		
NAME.	SURLES, BRYAN	☐ Delete	IIIII NAM			☐ Change	☐ Addition
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CITY-ST-7IP			CHY	- ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 logal effect as if made under eath; 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: Bryan Surles 4-17.07 850 5083465
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Daylone Phone 8