

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90035 049 ***150.00

DOCUMENT # P02000120284

1. Entity Name
BRYAN WILSON PRODUCTIONS, INC.



Principal Place of Business
**8103 CHAMPION CIRCLE #201
CHAMPIONS GATE, FL 33896**

Mailing Address
**717 EAST OAK STREET
KISSIMMEE, FL 34744**

24011752



2. Principal Place of Business
8123 Champion Circle
Suite, Apt. #, etc.
#307

3. Mailing Address
Suite, Apt. #, etc.

City & State
Champions Gate, FL

City & State

Zip
33896

Country
US

Zip

Country

02132004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1162390

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUMRUK, ANDY J CPA
717 E OAK STREET
KISSIMMEE, FL 34744**

Name
Bryan Wilson

Street Address (P.O. Box Number is Not Acceptable)
8123 Champion Circle #307

City
Champions Gate FL Zip Code
33896

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

February 13, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILSON, BRYAN
8103 CHAMPION CIRCLE #201
CHAMPIONS GATE, FL 33896** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Wilson, Bryan
8123 Champion Circle #307
Champions Gate, FL 33896** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILSON, KRISTIN
8103 CHAMPION CIRCLE #201
CHAMPIONS GATE, FL 33896** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
Wilson, Kristin
8123 Champion Circle #307
Champions Gate, FL 33896** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/04
Date

407-729-5113
Daytime Phone #