


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000119705 1. Entity Name BRYAN PICHARD INC.	
---	---

Principal Place of Business 1175 BRAFFORTON WAY TALLAHASSEE, FL 32311	Mailing Address 1175 BRAFFORTON WAY TALLAHASSEE, FL 32311
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PICHARD, BRYAN 1175 BRAFFORTON WAY TALLAHASSEE, FL 32311	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PICHARD, BRYAN 1175 BRAFFORTON WAY TALLAHASSEE, FL 32311

DO NOT WRITE
IN THIS SPACE

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: Bryan Pichard 4-25-05 519-7407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 05 APR 25 PM 3:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 73-1684921	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

000053933680
 05/06/05--01008--010 **150.00

APR 28 2005