## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND THE OF PRINCE

## FILED May 02, 2006 08:00 Al Secretary of State

DOCUMENT # P03000122166  1. Entity Name BRYANT CUSTOM CONSTRUCTORS, INC.				Secretary of State	
Principal Place 16120 RAW SARASOTA,		Mailing Address 16120 RAWLS ROAD SARASOTA, FL 34240 L	is		FIJ 48128 1712 2817 2817 2827 SEEST SEEST 11818 11828 SEEST SEEST 2018 2018 2018 2018 2018 2018 2018 2018
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DO NOT WRITE IN THIS SPACE				04262006 4. FEI Numb	No Chg-P
				20-035 5. Certificate	52869   Not Applicable e of Status Desired
6. Name and Address of Current Registered Agent					
BRYANT, GEORGE 161120 RAWLS ROAD SARASOTA, FL 34240					NOT WRITE THIS SPACE
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 if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55	9. Election Campaign Fi 50.00 Trust Fund Contribution		.00 May Be led to Fees	U00000557906 05/17/06-80072-005 150.00_
10.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P BRYANT, GEORGE 16120 RAWLS ROAD SARASOTA, FL 34240				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRYANT, DEBRA 16120 RAWLS ROAD SARASOTA, FL 34240				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.					

9-29-010 941-322-2821