


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

06-16-2005 90001 042 ***150.00
P03000155996

FILED

05 SEP 26 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000155996 1. Entity Name BRYANT HOME ENHANCEMENT, INC.	
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Principal Place of Business 3395 WELLINGTON RD PENSACOLA, FL 32504 US	Mailing Address 1905 CORLEY DRIVE PENSACOLA, FL 32503 US
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0530127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHN PHARR, CPA, LLC
1306 E CERVANTES STREET
F
PENSACOLA, FL 32501**

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IN 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYANT, THERON 1905 CORLEY DRIVE PENSACOLA, FL 32503 <i>Same as principal</i>
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IN THIS SPACE**

07/26

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date _____ Daytime Phone # _____