


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90045 001 \*\*\*150.00

**DOCUMENT # P03000157286**

1. Entity Name  
**ROBERT BRYANT, INC.**



Principal Place of Business      Mailing Address  
**2800 RANCH ROAD**      **2800 RANCH ROAD**  
**LAKE HELEN, FL 32744**      **LAKE HELEN, FL 32744**

**66418319**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



6. Name and Address of Current Registered Agent

**BRYANT, ROBERT**  
**2800 RANCH ROAD**  
**LAKE HELEN, FL 32744**

4. FEI Number  
**20-0543463**      Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 re-registering)      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	PVST BRYANT, ROBERT 2800 RANCH ROAD LAKE HELEN, FL 32744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, ROBERT 2800 RANCH ROAD LAKE HELEN, FL 32744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert Bryant      Robert Bryant      4/20/04      386-717-9210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #