

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-23-2005 90034 001 ***150.00

DOCUMENT # P04000074433 1. Entity Name BRIAN C. LANDRY, INC.					
Principal Place of Business 1590 N. PARK AVE. BARTOW, FL 33830			Mailing Address 1590 N. PARK AVE. BARTOW, FL 33830		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-1073703			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		
DUNLAP, GEORGE T III 245 S. CENTRAL AVE. BARTOW, FL 33830			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!! - FEE IS \$150.00 - After May 1, 2005 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	PTD		TITLE	☐ Change ☐ Addition	
NAME	LANDRY, BRIAN C		NAME		
STREET ADDRESS	1015 NORTHERN DANCER CT., UNIT 101		STREET ADDRESS		
CITY - ST - ZIP	CASSELBERRY, FL 32707		CITY - ST - ZIP		
TITLE	VSD		TITLE	☐ Change ☐ Addition	
NAME	LANDRY, CANDIS		NAME		
STREET ADDRESS	1015 NORTHERN DANCER CT., UNIT 101		STREET ADDRESS		
CITY - ST - ZIP	CASSELBERRY, FL 32707		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Candis Landry</i>		CANDIS Landry		3-21-05 407-716-8070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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