

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

03-07-2005 90285 007 ***150.00

DOCUMENT # P04000077757 1. Entity Name LEWIS J. BRYAN, P.A.					
Principal Place of Business PO BOX 690158 VERO BEACH, FL 32969			Mailing Address PO BOX 690158 VERO BEACH, FL 32969		
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 CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name LEWIS J. BRYAN Street Address (P.O. Box Number is Not Acceptable) 8907 S. INDIAN RIVER DRIVE City FORT PIERCE FL Zip Code 34982	
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 LEWIS J. BRYAN DATE 1/20/15 Signature, typed or printed name of registered agent and state if acceptable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	D BRYAN, LEWIS J PO BOX 690158 VERO BEACH, FL 32969 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN, LEWIS J. PO BOX 690158 VERO BEACH, FL 32969 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:			DATE: 1/20/15		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

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4. FEI Number **20-1134316** Applied For Not Applicable

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required