

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90029 049 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000086295			
1. Entity Name MARY T. BRYANT, P.A.			
Principal Place of Business 4908 CYPRESS TRACE TAMPA, FL 33624		Mailing Address 4908 CYPRESS TRACE TAMPA, FL 33624	
2. Principal Place of Business 3910 Northdale Blvd. Suite 208 TAMPA, FL 33624		3. Mailing Address P.O. Box 273954 TAMPA, FL 33624	
4. FEI Number 14-1909839		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYANT, MARY T 4908 CYPRESS TRACE TAMPA, FL 33624		7. Name and Address of New Registered Agent Name: Bryant, Mary T. Street Address (P.O. Box Number is Not Acceptable): 3910 Northdale Blvd. Suite 208 City: TAMPA FL Zip Code: 33624	
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: Mary T. Bryant, PA DATE: January 24, 2005 (Signature, typed or printed name of registered agent and the entity required. (NOTE: Registered Agent signature is required when releasing filing.)			
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: PD ☐ Delete NAME: BRYANT, MARY T STREET ADDRESS: 4908 CYPRESS TRACE CITY-ST-ZIP: TAMPA, FL 33624		TITLE: ☐ Change ☐ Addition NAME: Address Change: STREET ADDRESS: 3910 Northdale Blvd., Suite 208 CITY-ST-ZIP: TAMPA, FL 33624	
TITLE: STD ☐ Delete NAME: BRYANT, THOMAS STREET ADDRESS: 4908 CYPRESS TRACE CITY-ST-ZIP: TAMPA, FL 33624		TITLE: ☐ Change ☐ Addition NAME: Address Change: STREET ADDRESS: 3910 Northdale Blvd., Suite 208 CITY-ST-ZIP: TAMPA, FL 33624	
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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: Mary T. Bryant, PA		1/24/05 813-240-4537	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	