



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000086295			
1. Entity Name MARY T. BRYANT, P.A.			
Principal Place of Business 3910 NORTHDAL BLVD SUITE 208 TAMPA, FL 33624		Mailing Address P.O. BOX 273954 TAMPA, FL 33624	
DO NOT WRITE IN THIS SPACE			
		04122006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 14-1909839	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 BRYANT, MARY T 3910 NORTHDAL BLVD STE 208 TAMPA, FL 33624		DO NOT WRITE 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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000510391 04/29/06-80006-011 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYANT, MARY T 3910 NORTHDAL BLVD STE 208 TAMPA, FL 33624		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRYANT, THOMAS 3910 NORTHDAL BLVD STE 208 TAMPA, FL 33624		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Mary T. Bryant, PhD, PA</u>		4-12-06 813-240-4537	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	