

FILED
Apr 09, 2008 08:00 AM
Secretary of State

1. Entity Name
RUSTY & MELANIE BRYAN INC



Mailing Address
918 W MAIN STREET
TAVARES, FL 32778 US

DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1650429

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRYAN, MELANIE P
16201 CR 450 WEST
UMATILLA, FL 32784

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

11070026 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

04/21/08-80025-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRYAN, MELANIE P
STREET ADDRESS	16201 CR 450 WEST
CITY-ST-ZIP	UMATILLA, FL 32784

TITLE	VP
NAME	BRYAN, JOHN T
STREET ADDRESS	16201 CR 450 WEST
CITY-ST-ZIP	UMATILLA, FL 32784

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De

Daytime Phone: _____