2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P04523

1. Entity Name
BRYANSTON GROUP, INC.

Principal Place of Business	Mailing Address
2424 RT 52 HOPWELL JUNCTION, NY 12533 US	2424 RT 52 HOPWELL JUNCTION, NY 12533 US

04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1594136
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYES STREET
SUITE 105
TALLAHASSEE, FL 32301

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 _____ DATE
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

TITLE	PD
NAME	TOLLMAN, BEATRICE
STREET ADDRESS	2424 RT 52
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533
TITLE	VPD
NAME	KENDZIERA, CRAIG
STREET ADDRESS	2424 RT 52
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533
TITLE	VPD
NAME	STEVENSEN, ROBERT
STREET ADDRESS	2424 RT 52
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533
TITLE	DVS
NAME	PLEMMONS, JODEE
STREET ADDRESS	2424 RT 52
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000358912
05/04/05-80135-005 150.00

DO NOT WRITE IN THIS SPACE

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: _____ 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #