

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001165

FILED
Apr 27, 2009
Secretary of State

Entity Name: TOM BRYANT PLASTERING, INC.

Current Principal Place of Business:

P.O. BOX 250453
HOLLY HILL, FL 321250453 US

New Principal Place of Business:

46 CHARLESTON SQUARE
ORMOND BEACH, FL 32174 US

Current Mailing Address:

P.O. BOX 250453
HOLLY HILL, FL 321250453 US

New Mailing Address:

P.O. BOX 730178
ORMOND BEACH, FL 321730178

FEI Number: 65-1238834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, BRENDA S
603 15TH STREET
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

BRYANT, BRENDA S
46 CHARLESTON SQUARE
ORMOND BEACH, FL 32174 US

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.

SIGNATURE:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRYANT, THOMAS J JR
Address: P.O. BOX 250453
City-St-Zip: HOLLY HILL, FL 321250453 US

Title: SVP () Delete
Name: BRYANT, BRENDA S
Address: P.O. BOX 250453
City-St-Zip: HOLLY HILL, FL 321250453 US

Title: VP () Delete
Name: BRYANT, JUSTIN T
Address: P.O. BOX 250453
City-St-Zip: HOLLY HILL, FL 321250453 US

Title: S (X) Delete
Name: BRYANT, ALLYCIA R
Address: P.O. BOX 250453
City-St-Zip: HOLLY HILL, FL 321250453 US

Title: T (X) Delete
Name: BRYANT, CHRISTOPHER S
Address: P.O. BOX 250453
City-St-Zip: HOLLY HILL, FL 321250453 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRYANT, THOMAS J JR
Address: 46 CHARLESTON SQUARE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SVP (X) Change () Addition
Name: BRYANT, BRENDA S
Address: 46 CHARLESTON SQUARE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J BRYANT JR

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date