## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000023061

**FILED** Mar 08, 2006 Secretary of State

Entity Name: BRYANT COVERALL INSURANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1551 N STATE RD 19 EUSTIS, FL 32726 **Current Mailing Address: New Mailing Address:** 1551 N STATE RD 19 EUSTIS, FL 32726 FEI Number: 20-3075891 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRYANT, GEORGE BRYANT, GEORGE C 1551 N STATE RD 19 1551 N STATE RD 19 EUSTIS, FL 32726 EUSTIS, FL 32726 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: GEORGE C BRYANT 03/08/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BRYANT, RAY SR Name: Name: 45445 N S.R. 19 Address: Address: City-St-Zip: ALTOONA, FL 32702 City-St-Zip: Title: Title: () Change () Addition () Delete BRYANT, GEORGE Name: Name: 1551 N STATE RD 19 Address: Address: EUSTIS, FL 32726 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: GEORGE C BRYANT 03/08/2006 D