


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000030348

1. Entity Name
BRYANT PARTNERSHIP, INC.



Principal Place of Business
6600 SW 65TH STREET
TRENTON, FL 32693

Mailing Address
6600 SW 65TH STREET
TRENTON, FL 32693



01022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 20-2906163 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BRYANT, TODD S
6600 SW 65TH STREET
TRENTON, FL 32693

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000576804
 01/05/07-80001-004 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRYANT, TODD S 6600 SW 65TH STREET TRENTON, FL 32693 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRYANT, PAUL R POST OFFICE BOX 954 TRENTON, FL 32693 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Todd S. Bryant 1/4/07 352/493-3246
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Todd S. Bryant, Pres