

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030701

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: BRYANT INSULATION/REMOVAL INC.

## Current Principal Place of Business:

2574 S W CALENDER ST  
PT ST LUCIE, FL 34953

## New Principal Place of Business:

659 S.W. IVANHOE DR.  
PT ST LUCIE, FL 34983

## Current Mailing Address:

2574 S W CALENDER ST  
PT ST LUCIE, FL 34953

## New Mailing Address:

659 S.W. IVANHOE DR.  
PT ST LUCIE, FL 34983

FEI Number: 65-1242601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRYANT, JAMES  
2574 S W CALENDER ST  
PT ST LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

BRYANT, JAMES  
659 S.W. IVANHOE DR.  
PT ST LUCIE, FL 34983 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: JAMES BRYANT

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRYANT, JAMES  
Address: 2574 S W CALENDER ST  
City-St-Zip: PT ST LUCIE, FL 34953

Title: D ( ) Delete  
Name: BRYANT, LIANE  
Address: 2574 S W CALENDER ST  
City-St-Zip: PT ST LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BRYANT, JAMES  
Address: 659 S.W. IVANHOE DR.  
City-St-Zip: PT ST LUCIE, FL 34983

Title: D (X) Change ( ) Addition  
Name: BRYANT, LIANE  
Address: 659 S.W. IVANHOE DR.  
City-St-Zip: PT ST LUCIE, FL 34983

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: LIANE BRYANT

D

04/25/2007

Electronic Signature of Signing Officer or Director

Date