


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000056924</b>	
<b>1. Entity Name</b> <b>BRYAN'S LAWN MAINTENANCE, INC.</b>	

<b>Principal Place of Business</b> 6980 W. FAIRFIELD DRIVE #95 PENSACOLA, FL 32506	<b>Mailing Address</b> 6980 W. FAIRFIELD DRIVE #95 PENSACOLA, FL 32506
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 20-4744698	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

JOHN PHARR CERTIFIED PUBLIC ACCOUNTANT LLC  
1306 EAST CERVANTES STREET  
SUITE F  
PENSACOLA, FL 32501

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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** \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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

000000926895  
05/20/08-80068-014 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P
<b>NAME</b>	CALDERON, BRYAN H
<b>STREET ADDRESS</b>	6980 W. FAIRFIELD DRIVE #95
<b>CITY-ST-ZIP</b>	PENSACOLA, FL 32501
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/24/08 Daytime Phone: (850) 777 8115