2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108996

Name:

Address:

City-St-Zip:

LASHENDRO, ROBERT

ORMOND BEACH, FL 32174 US

710 ESPANOLA AVE.

FILED Aug 01, 2008 Secretary of State

Entity Nan	ne: BRYAN MOO	DY ACRYLIC PLUS, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
710 ESPAN ORMOND I	IOLA AVE. BEACH, FL 32174	4 US			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
710 ESPAN ORMOND I	IOLA AVE. BEACH, FL 32174	4 US			
FEI Number:	33-1142849 FE	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
MOODY, B 710 ESPAN ORMOND I		4 US	ALL FLORIDA FIRM 813 DELTONA BLV STE A DELTONA, FL 327	Ď	
The above in the State		nits this statement for the pu	rpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: CHRISTINA CLARK FOR ALL FLORIDA FIRM,			FIRM, INC	08/01/2008	
	Electronic S	ignature of Registered Ager	nt	Date	
		o), F.S., the corporation did not st Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVD () Dele MOODY, BRYAN 710 ESPANOLA AVE ORMOND BEACH, F	i.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Dele HANSON, SHIRLEY 1320 HAND AVE., LO ORMOND BEACH, F	OT 64	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T () Dele	ete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTINA CLARK FOR BRYAN MOODY P 08/01/2008