

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000065002

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: BRYANT AUTO SALES INC.

## Current Principal Place of Business:

9383 NORTHEAST JACKSONVILLE ROAD  
ANTHONY, FL 32617

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 365  
ANTHONY, FL 32617 US

## New Mailing Address:

FEI Number: 59-3199938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRYANT, SAMUEL C  
2052 SOUTHEAST 62ND STREET  
OCALA, FL 34480 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: BRYANT, SAMUEL C  
Address: 2052 SOUTHEAST 62ND STREET  
City-St-Zip: OCALA, FL 34480

Title: VS ( ) Delete  
Name: BRYANT, KATHERINE  
Address: 2052 SE 62ND ST  
City-St-Zip: OCALA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 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: SAMUEL C BRYANT

DPT

01/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date