

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000077401

FILED
Mar 25, 2008
Secretary of State

Entity Name: BRYAN'S AUTO, TRUCK & RV COLLISION REPAIR CENTER, INC.

Current Principal Place of Business:

16420 HWY 27
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

16420 HWY 27
LAKE WALES, FL 33859

New Mailing Address:

16420 HWY 27
LAKE WALES, FL 33859 US

FEI Number: 59-3213655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HULSEY, BRYAN
3908 S SCENIC HIGHWAY
LAKE WALES, FL 33859 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: DP () Delete
Name: HULSEY, BRYAN
Address: 3908 S SCENIC HWY.
City-St-Zip: LAKE WALES, FL 33859

Title: DST () Delete
Name: HULSEY, GAIL
Address: 3908 S SCENIC HWY.
City-St-Zip: LAKE WALES, FL 33859

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 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: BRYAN HULSEY

PRES

03/25/2008

Electronic Signature of Signing Officer or Director

Date