


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90019 035 ***150.00

DOCUMENT # P96000014656	
1. Entity Name BRUYN & ASSOCIATES, INC.	

Principal Place of Business 223 COTORRO LN SAINT AUGUSTINE, FL 32086	Mailing Address 223 COTORRO LN SAINT AUGUSTINE, FL 32086
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00001141



2. Principal Place of Business 1801 Keswick Rd.	3. Mailing Address 1801 Keswick Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32084	Zip 32084
County St. Johns	County St. Johns

4. FEI Number 59-3377880	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRUYN, DAVID B 223 COTORRO LN SAINT AUGUSTINE, FL 32086	
7. Name and Address of New Registered Agent Name 1801 Keswick Rd. Street Address (P.O. Box Number is Not Acceptable) St. Augustine FL 32084 City St. Augustine FL Zip Code 32084	

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input type="checkbox"/> Delete	TITLE 1801 Keswick Rd.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUYN, DAVID B		NAME St. Augustine, FL 32084	
STREET ADDRESS 223 COTORRO LN		STREET ADDRESS 1801 Keswick Rd.	
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP St. Augustine, FL 32084	
TITLE VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUYN, JESSIE		NAME	
STREET ADDRESS 223 COTORRO LN		STREET ADDRESS	
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David B Bruyn 1/6/05 (904) 825-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #