

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90050 002 ***150.00

DOCUMENT # P97000015204

1. Entity Name

EDDIE BRYAN BUILDERS, INC.



Principal Place of Business

6009 EAST SHORE DRIVE
PENSACOLA FL 32505

Mailing Address

6009 EAST SHORE DRIVE
PENSACOLA FL 32505

2. Principal Place of Business

6009 EAST SHORE DRIVE 6009 EAST SHORE DR
Suite, Apt. #, etc.

3. Mailing Address

6009 EAST SHORE DR
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-3436940

Applied For

Not Applicable

Zip

32505

Country

ESCAMBIA

Zip

32505

Country

ESCAMBIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYAN, EDDIE
6009 EAST SHORE DRIVE
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Albert E. Bryan ALBERT E. (EDDIE) BRYAN

1/31/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BRYAN, EDDIE
STREET ADDRESS 6009 EAST SHORE DRIVE
CITY-ST-ZIP PENSACOLA FL 32505

TITLE V ☐ Delete
NAME HANSON, FRANCES
STREET ADDRESS 1060 FORT PICKENS RD
CITY-ST-ZIP PENSACOLA FL 32561

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Albert E. Bryan* ALBERT E. BRYAN

1/31/04 850-434-0083
Date Daytime Phone #