

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90370 022 ***150.00

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1. Entity Name

RICHARD L. BRYANT ASSOCIATES, INC.



Principal Place of Business

468 NORTHWEST 38TH TERRACE
DEERFIELD BEACH, FL 33442

Mailing Address

468 NORTHWEST 38TH TERRACE
DEERFIELD BEACH, FL 33442

40034600



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0840815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRYANT, RICHARD L
468 N.W. 38TH TERRACE
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME BRYANT, RICHARD L
STREET ADDRESS 468 NORTHWEST 38TH TERRACE
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE VS
NAME BRYANT, CAROLE
STREET ADDRESS 468 NW 38 TERR
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-07 954-4266932