

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093798

FILED
Jan 10, 2011
Secretary of State

Entity Name: ROBERT S. BRYAN INSURANCE, INC.

Current Principal Place of Business:

6910 SW 88TH STREET
SUITE 201
PINECREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

6910 SW 88TH STREET
SUITE 201
PINECREST, FL 33156

New Mailing Address:

FEI Number: 65-0876107 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: PD
Name: BRYAN, ROBERT S
Address: 6910 S. W. 88TH STREET, #201
City-St-Zip: PINECREST, FL 33156

Title: STD
Name: BRYAN, JEAN M
Address: 6910 S.W. 88TH STREET, #201
City-St-Zip: PINECREST, FL 33156

I hereby 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 all other like empowered.

SIGNATURE: ROBERT S. BRYAN

PRES

01/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date