
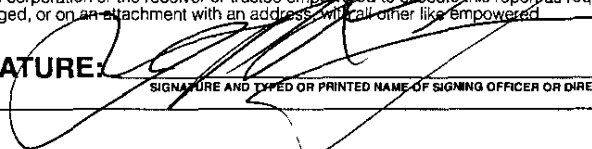


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90355 007 \*\*\*150.00

<b>DOCUMENT # P98000104968</b>					
1. Entity Name JOSEPH R. BRYANT, P.A.					
Principal Place of Business 202 SOUTH MOODY AVENUE TAMPA, FL 33609			Mailing Address 202 SOUTH MOODY AVENUE TAMPA, FL 33609		
2. Principal Place of Business 1007 W. Cleveland St.		3. Mailing Address 1007 W. Cleveland St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, Florida		City & State Tampa, Florida		4. FEI Number 59-3546186	
Applied For Not Applicable					
Zip 33606	Country Hillsborough	Zip 33606	Country Hillsborough	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRYANT, JOSEPH R 202 SOUTH MOODY AVENUE TAMPA, FL 33609			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			1007 W. Cleveland St.		
			City Tampa	FL	Zip Code 33606
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRYANT, JOSEPH R	NAME			
STREET ADDRESS	202 SOUTH MOODY AVENUE	STREET ADDRESS	1007 W. Cleveland St.		
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	Tampa, Florida 33606		
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			
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, without other like empowered.					
SIGNATURE: 			Date: 4/26/04 (113) 763 0328		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		