

# 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>					
<b>1. Entity Name</b> JOSEPH R. BRYANT, P.A.					
<b>Principal Place of Business</b> 202 SOUTH MOODY AVENUE TAMPA, FL 33609			<b>Mailing Address</b> 202 SOUTH MOODY AVENUE TAMPA, FL 33609		
<b>2. Principal Place of Business</b> 1007 W. Cleveland St.		<b>3. Mailing Address</b> 1007 W. Cleveland St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Tampa, Florida		<b>City &amp; State</b> Tampa, Florida		<b>4. FEI Number</b> 59-3546186	
<b>Zip</b> 33606		<b>Country</b> Hillsborough		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BRYANT, JOSEPH R 202 SOUTH MOODY AVENUE TAMPA, FL 33609			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
1007 W. Cleveland St.			City		
Tampa			FL Zip Code 33606		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, JOSEPH R 202 SOUTH MOODY AVENUE TAMPA, FL 33609	<input type="checkbox"/> Delete			
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<b>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</b>					
<b>SIGNATURE:</b> _____				Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # _____	