

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90151 034 \*\*\*150.00

<b>DOCUMENT # P98000107083</b>	
1. Entity Name <b>BRYANT FAMILY ENTERPRISES, INC.</b>	



Principal Place of Business <b>1400 PRUDENTIAL DRIVE #7 JACKSONVILLE, FL 32207</b>	Mailing Address <b>1400 PRUDENTIAL DRIVE #7 JACKSONVILLE, FL 32207</b>
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2. Principal Place of Business <b>550 WATER STREET SUITE 1230 JACKSONVILLE, FLORIDA 32202</b>	3. Mailing Address <b>550 WATER STREET SUITE 1230 JACKSONVILLE, FLORIDA 32202</b>
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01162006 Chg-P CR2E034 (11/05)

Zip	Country
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4. FEI Number <b>59-3548761</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BRYANT, CECILIA A 1400 PRUDENTIAL DRIVE #7 JACKSONVILLE, FL 32207</b>	7. Name and Address of New Registered Agent <b>CECILIA BRYANT, P.A. 550 WATER STREET SUITE 1230 JACKSONVILLE, FLORIDA 32202</b>
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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 <i>Cecilia Bryant</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>3/1/6</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYANT, CECILIA 1400 PRUDENTIAL DR #7 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CECILIA BRYANT, P.A. 550 WATER STREET SUITE 1230 JACKSONVILLE, FLORIDA 32202 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adair Simon 4556 Stilson Circle Norcross, Ga 30092 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Adair Simon President</i> Signature and typed or printed name of signing officer or director	Date <b>7/70</b> Daytime Phone # <b>280-8659</b>