

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000025749

1. Entity Name
BRYSON OF BREVARD INC.



Principal Place of Business
636 EYSTER BLVD
ROCKLEDGE, FL 32955

Mailing Address
636 EYSTER BLVD
ROCKLEDGE, FL 32955

FILED
Jan 12, 2004 08:00 AM
Secretary of State



01072004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3575002
5. Certificate of Status Desired ☐ Applied For
Not Applicable
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLEN, KENDAL B
656 EYSTER BLVD
ROCKLEDGE, FL 32955

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT MULLEN, KENDAL B 802 PINE VALLEY CT ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MULLEN, SYVIA 2914 S. HUNTINGTON LN ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAMBRIDGE, PAUL 803 POINCIANA ST ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000001902
01/12/04-80029-018 150.00

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IN THIS SPACE**

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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04 (321) 636-5116
Date Daytime Phone #