


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P99000025749**

1. Entity Name  
**BRYSON OF BREVARD INC.**



Principal Place of Business      Mailing Address

**636 EYSTER BLVD**      **636 EYSTER BLVD**  
**ROCKLEDGE, FL 32955**      **ROCKLEDGE, FL 32955**

**DO NOT WRITE IN THIS SPACE**



01072004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3575002**      Not Applicable

5. Certificate of Status Desired        **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$650.00**

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
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100000001902  
 01/12/04-80029-018 150.00

**DO NOT WRITE 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: *Kendal B Mullen, V.P.*      1/7/04 (321) 636-5116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #