

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025749

Entity Name: BRYSON OF BREVARD INC.

FILED  
Jan 27, 2009  
Secretary of State

**Current Principal Place of Business:**

446 GUS HIPP BLVD.  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

446 GUS HIPP BLVD.  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 59-3575002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MULLEN, KENDAL B  
446 GUS HIPP BLVD.  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: MULLEN, KENDAL B  
Address: 331 BROOKCREST CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: V ( ) Delete  
Name: MULLLEN, SYLVIA  
Address: 4009 N. INDIAN RIVER DRIVE  
City-St-Zip: COCOA, FL 32927

Title: S (X) Delete  
Name: HAMBIDGE, PAUL  
Address: 640 CASA GRANDE DR.  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VS (X) Change ( ) Addition  
Name: MULLLEN, SYLVIA  
Address: 4009 N. INDIAN RIVER DRIVE  
City-St-Zip: COCOA, FL 32927

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENDAL MULLEN

DPC

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date