

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90297 042 ***150.00

DOCUMENT # P99000038483 1. Entity Name D. W. BRYAN, INC.			
Principal Place of Business 1655 HWY A1A SATELLITE BEACH, FL 32937		Mailing Address 1655 HWY A1A SATELLITE BEACH, FL 32937	
2. Principal Place of Business 3440 POSEIDON WAY Suite, Apt. #, etc.		3. Mailing Address 3440 POSEIDON WAY Suite, Apt. #, etc.	
City & State INDIALANTIC, FL Zip 32903		City & State INDIALANTIC, FL Zip 32903	
Country USA		Country USA	
4. FEI Number 65-0913825		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYAN, D. WAYNE 1655 HWY A1A SATELLITE BEACH, FL 32937		7. Name and Address of New Registered Agent Name DAVID W. BRYAN Street Address (P.O. Box Number is Not Acceptable) 3440 POSEIDON WAY City INDIALANTIC FL Zip Code 32903	
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: DAVID W. BRYAN (PRESIDENT) 4/6/04 (Signature, typed or printed name of registered agent and fee 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, D. WAYNE 1655 HIGHWAY A-1-A SATELLITE BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID W. BRYAN 3440 POSEIDON WAY INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYAN, KATHERINE 1655 HWY A1A SATELLITE BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	K KATHERINE BRYAN 3440 POSEIDON WAY INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: DAVID W. BRYAN (PRESIDENT) 4/6/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			