

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 15, 2005 08:00 AM  
Secretary of State

DOCUMENT # P99000101814

1. Entity Name

BERRYHILL BRYANT SERVICES, INC.



Principal Place of Business

3226 NORTHEAST 7TH LANE  
OCALA FL 32670

Mailing Address

3226 NORTHEAST 7TH LANE  
OCALA FL 32670

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3610339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BRYANT, MARY B  
STREET ADDRESS 3226 NORTHEAST 7TH LANE  
CITY-ST-ZIP Ocala FL 34470

TITLE V ☐ Delete  
NAME BERRYHILL, JAMES A  
STREET ADDRESS 3226 NORTHEAST 7TH LANE  
CITY-ST-ZIP Ocala FL 34470

TITLE ST ☐ Delete  
NAME BRYANT, KAREN A  
STREET ADDRESS 3226 NORTHEAST 7TH LANE  
CITY-ST-ZIP Ocala FL 32670

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000000307094  
04/15/05-80040-019 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mary B. Bryant

MARY B. BRYANT

352-622-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #