2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# S23095

Entity Name: BILL BRYAN INSURANCE AGENCY, INC.

Current Principal Place of Business:

5470 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

5470 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 59-3157736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYAN, BILL
5470 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32821 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: V ( ) Delete
Name: BRYAN, BILL,
Address: 5470 CENTRAL FL PKWAY
City-St-Zip: ORLANDO, FL

Title: S ( ) Delete
Name: BRYAN, KAREN,
Address: 5470 CENTRAL FL PKWAY
City-St-Zip: ORLANDO, FL

Title: V ( ) Delete
Name: BRYAN, MATTHEW D
Address: 5470 CENTRAL FL PKWY
City-St-Zip: ORLANDO, FL 32821

Title: V ( ) Delete
Name: BRYAN, ALICIA K
Address: 5470 CENTRAL FL PKWY
City-St-Zip: ORLANDO, FL 32821

Title: V ( ) Delete
Name: BRYAN, WILLIAM G
Address: 5470 CENTRAL FL PKWY.
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: BRYAN, BILL,
Address: 5470 CENTRAL FL PKWAY
City-St-Zip: ORLANDO, FL 32821

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILL BRYAN PRES 01/05/2005

Electronic Signature of Signing Officer or Director — Date