


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90189 015 \*\*\*150.00

<b>DOCUMENT # V04819</b> 1. Entity Name <b>BRYANT BUILDING CO., INC.</b>					
Principal Place of Business P. O. BOX 700876 ST. CLOUD, FL 34770-0876			Mailing Address P. O. BOX 700876 ST. CLOUD, FL 34770-0876		
2. Principal Place of Business <b>5221 13th Street</b> Suite, Apt. #, etc. <b>E</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>St Cloud, FL</b>		City & State			
Zip <b>34769</b>	Country <b>USA</b>	Zip	Country		
4. FEI Number <b>59-3101825</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRYANT, BARRY G.</b> <b>5220 HAMMOCK POINTE CT</b> <b>SAINT CLOUD, FL 34771</b>			7. Name and Address of New Registered Agent Name <b>Bryant, Barry G</b> Street Address (P.O. Box Number is Not Acceptable) <b>1415 Hidden Oak Bend</b> City <b>St cloud</b> <b>FL</b> Zip Code <b>34771</b>		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, BARRY G. 5220 HAMMOCK POINTE CT SAINT CLOUD, FL 34771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Bryant, Barry G 1415 Hidden Oak Bend St cloud, FL 34771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____			1-5-06 907-952-7799		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		