

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65436

**FILED**  
**Mar 31, 2005**  
**Secretary of State**

**Entity Name:** LARRY BRIANS, INC.

**Current Principal Place of Business:**

1485 SW BILTMORE ST  
PORT SAINT LUCIE, FL 34984 US

**New Principal Place of Business:**

1926 SW BILTMORE ST  
PORT SAINT LUCIE, FL 34984 US

**Current Mailing Address:**

1485 SW BILTMORE ST  
PORT SAINT LUCIE, FL 34984 US

**New Mailing Address:**

1926 SW BILTMORE ST  
PORT SAINT LUCIE, FL 34984 US

**FEI Number:** 65-0358825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRIANS, LARRY  
1485 SW BILTMORE ST  
PORT ST LUCIE, FL 34984 US

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

BRIANS, LARRY  
1926 SW BILTMORE ST  
PORT ST LUCIE, FL 34984 US

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: LARRY BRIANS

03/31/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRIANS, LARRY  
Address: 1995 SE GIFFEN AVE.  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: TSV ( ) Delete  
Name: BRIANS, TINA  
Address: 1995 SE GIFFEN AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

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: TINA BRIANS

VP

03/31/2005

Electronic Signature of Signing Officer or Director

Date