

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000077401

**Entity Name:** BRYAN'S AUTO, TRUCK & RV COLLISION REPAIR CENTER, INC.

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC0969915014**

**Current Principal Place of Business:**

16420 HWY 27  
LAKE WALES, FL 33859

**Current Mailing Address:**

16420 HWY 27  
LAKE WALES, FL 33859

**FEI Number:** 59-3213655

**Certificate of Status Desired:** No

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

HULSEY, BRYAN  
3908 S SCENIC HIGHWAY  
LAKE WALES, FL 33898 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	DP	Title	DST
Name	HULSEY, BRYAN	Name	HULSEY, GAIL
Address	3908 S SCENIC HWY.	Address	3908 S SCENIC HWY.
City-State-Zip:	LAKE WALES FL 33898	City-State-Zip:	LAKE WALES FL 33898

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRYAN HULSEY

**PRESIDENT**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date