

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 388033

FILED
Apr 28, 2004
Secretary of State

Entity Name: BRADY PRODUCTS, INC.

Current Principal Place of Business:

P O BOX 5304
2151 LOGAN STREET
CLEARWATER, FL 34625 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5304
2151 LOGAN STREET
CLEARWATER, FL 34618

New Mailing Address:

FEI Number: 59-1376167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADY, SHEILA A.
2151 LOGAN STREET
CLEARWATER, FL 34625 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: VSD () Delete
Name: MORGAN, MARIANNE A.
Address: 655 APPALOOSA
City-St-Zip: TARPON SPGS, FL 00000,

Title: CPT () Delete
Name: BRADY, SHEILA A.
Address: 655 APPALOOSA RD
City-St-Zip: TARPON SPRINGS, FL

Title: D () Delete
Name: SCHWEITZER, MARTIN
Address: 1206 COURT STREET
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: PHILLIPS, NORMAN J
Address: 5441 DRINKARD DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: BONNEL, GARY
Address: 309 WOODROW AVE.
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: NORMAN J. PHILLIPS

D

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date