2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90022 034 ***150.00

DOCUMENT # P01000068609

1. Entity Name
BRUDER PROPERTIES GROUP, INCORPORATED

Principal Place of Business	Mailing Address
18930 ST. LAURENT DR. LUTZ, FL 33549-2807	18930 ST. LAURENT DR. LUTZ, FL ~~33549-2807~~

04122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		18930 ST. LAURENT DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: LUTZ FL	
Zip	Country	Zip: 33558	Country: USA

4. FEI Number: 59-3729774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DICKENS, MRK S 9340 N. 56TH ST., SUITE 200-A TAMPA, FL 33617	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUDER, THOMAS B 18930 ST. LAURENT DR. LUTZ, FL 335492807	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 LUTZ, FL 33558	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Thomas B. Bruder THOMAS B. BRUDER 4/12/04 813-948-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #