

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117854

FILED
Apr 08, 2005
Secretary of State

Entity Name: ANNA BRADY, P.A.

Current Principal Place of Business:

8867 SE 168 TRAILFER ST
THE VILLAGES, FL 32162

New Principal Place of Business:

8860 SE 167 MAYFIELD PL
THE VILLAGES, FL 32162

Current Mailing Address:

8867 SE 168 TRAILFER ST
THE VILLAGES, FL 32162

New Mailing Address:

8860 SE 167 MAYFIELD PL
THE VILLAGES, FL 32162

FEI Number: 20-0413011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PTD () Delete
Name: BRADY, ANNA M
Address: 8867 SE 168 TRAILFER ST
City-St-Zip: THE VILLAGES, FL 32162

Title: VSD () Delete
Name: BRADY, DARREN D
Address: 8867 SE 168 TRAILFER ST
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: BRADY, ANNA M
Address: 8860 SE 167 MAYFIELD PL
City-St-Zip: THE VILLAGES, FL 32162

Title: VSD (X) Change () Addition
Name: BRADY, DARREN D
Address: 8860 SE 167 MAYFIELD PL
City-St-Zip: THE VILLAGES, FL 32162

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: DARREN BRADY

VSD

04/08/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date