

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90075 027 ***150.00

DOCUMENT # P99000047982
 1. Entity Name
 BRAREN-WALSH & ASSOCIATES, INC.



Principal Place of Business: 5313 HAMPTON GABLE COURT WEST JACKSONVILLE, FL 32257
 Mailing Address: 5313 HAMPTON GABLE COURT WEST JACKSONVILLE, FL 32257

24007924



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3581924 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRAREN-WALSH, HEIDI
 5313 HAMPTON GABLE COURT WEST
 JACKSONVILLE, FL 32257

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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: *Heidi Braren-Walsh* DATE: 1/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P
NAME	BRAREN-WALSH, HEIDI L
STREET ADDRESS	5313 HAMPTON GABLE CT W
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	S
NAME	HALL, SHERYL B
STREET ADDRESS	14466 SAN PABLO DR NO 12397 Rockledge Circle
CITY-ST-ZIP	JACKSONVILLE, FL 32224 Boca Raton, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Heidi L. Braren-Walsh* DATE: 1/30/04 (980) 262-7919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR