


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90045 010 \*\*\*150.00

<b>DOCUMENT # 346884</b>	
1. Entity Name <b>BRADENTON 64 INC</b>	

Principal Place of Business <b>6144 9TH AVE. CIRCLE NE BRADENTON, FL 34212</b>	Mailing Address <b>900 KAY RD. NE BRADENTON, FL 34212</b>
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**14003341**

2. Principal Place of Business <b>2020 WELLON RANCH ROAD</b>	3. Mailing Address <b>2020 WELLON RANCH ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PARRISH, FL</b>	City & State <b>PARRISH, FL</b>
Zip <b>34219</b>	Country <b>U.S.</b>



04102004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1509847</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BENNETT, THOMAS C JR ESQ 6144 9TH AVENUE CIRCLE, NE BRADENTON, FL 34212</b>	7. Name and Address of New Registered Agent Name <b>BENNETT, RICHARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2020 WELLON RANCH ROAD</b> City <b>PARRISH</b> FL Zip Code <b>34219</b>
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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  DATE <b>4/11/04</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BENNETT, THOMAS C JR 6144 9TH AVENUE CIRCLE AVE BRADENTON, FL 34212</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BENNETT, THOMAS M 829 SE 47 TERRACE CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BENNETT, RICHARD 2020 WELLON RANCH ROAD PARRISH, FL 34219</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P &amp; S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Date	Daytime Phone #
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