

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90365 014 ***150.00

DOCUMENT # 374981

1. Entity Name
R.S. AND D. OF BRADENTON, INC.



Principal Place of Business
**1206 MANATEE AVENUE W.
BRADENTON, FL 34205**

Mailing Address
**1206 MANATEE AVENUE W.
BRADENTON, FL 34205**



2. Principal Place of Business
601 12th Street W
Suite, Apt. #, etc.
Bradenton, FL
City & State

3. Mailing Address
601 12th Street W
Suite, Apt. #, etc.
Bradenton FL
City & State

03202006 Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

Zip
34205

Country
Manatee

Zip
34205

Country
Manatee

6. Name and Address of Current Registered Agent

**HENDRICKSON, ROBERT W III
1206 MANATEE AVENUE W.
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name **Gilbert Smith Jr.**

Street Address (P.O. Box Number is Not Acceptable)

601 12th Street West

City **Bradenton**

FL

Zip Code
34205

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]

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRENCH, TED C	
STREET ADDRESS	2033 MAIN STREET, SUITE 304	
CITY-ST-ZIP	SARASOTA, FL 34205	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, GILBERT A	
STREET ADDRESS	601 12TH STREET W	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/06