

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90157 039 ***150.00

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DOCUMENT # 498790 1. Entity Name BRAD'S GLASS COMPANY, INC.					
Principal Place of Business 7111 MAIN ST. JACKSONVILLE, FL 32208			Mailing Address SLOTT & BARKER C/O ARNOLD H. SLOTT 334 E DUVAL ST JACKSONVILLE, FL 32202 US		
2. Principal Place of Business 10330 Chedoak Dr.		3. Mailing Address Suite, Apt. #, etc. Bldg. 300			
City & State Jacksonville, Florida		City & State _____		4. FEI Number 59-1664417	
Zip 32218		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLOTT, ESQ. ARNOLD 334 E DUVAL ST JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP BRADBERRY, VICTOR A. 7111 NORTH MAIN STREET JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10330 Chedoak Dr., Bldg. 300 Jacksonville, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADBERRY, MICHAEL A 7111 NORTH MAIN STREET JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10330 Chedoak Dr., Bldg. 300 Jacksonville, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRADBERRY, DEANNE 7111 NORTH MAIN STREET JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10330 Chedoak Dr., Bldg. 300 Jacksonville, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VICTOR A. BRADBERRY 7111 NORTH MAIN STREET JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10330 Chedoak Dr., Bldg. 300 Jacksonville, FL 32218	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Michael A. Bradberry Date _____ Daytime Phone # 904-765-5558		