

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90008 009 ***558.75

DOCUMENT # 824414

1. Entity Name
M.A. BRUDER & SONS, INCORPORATED




Principal Place of Business Mailing Address
600 REED ROAD BROOMALL PA 19008-3505

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

54066142



MOORE CR2E034 (11/03)

4. FEI Number **23-1275778** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUDER, THOMAS A. JR.	
STREET ADDRESS	600 REED RD.	
CITY-ST-ZIP	BROOMALL PA	
TITLE	VST	<input type="checkbox"/> Delete
NAME	WINTERS, DAVID R.	
STREET ADDRESS	600 REED RD.	
CITY-ST-ZIP	BROOMALL PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRUDER, JAMES J.	
STREET ADDRESS	600 REED RD.	
CITY-ST-ZIP	BROOMALL PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRUDER, MICHAEL A.	
STREET ADDRESS	600 REED ROAD	
CITY-ST-ZIP	BROOMALL PA	
TITLE	ASC	<input type="checkbox"/> Delete
NAME	BURNS, FRANCIS P.	
STREET ADDRESS	604 WILDE AVE	
CITY-ST-ZIP	DREXEL HILL PA	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: FB Burns Controller **7/27/04 610 3535100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #