


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

7

DOCUMENT # 848585
 1. Entity Name
BRADCO SUPPLY CORPORATION



Principal Place of Business Mailing Address
13 PRODUCTION WAY **13 PRODUCTION WAY**
AVENEL, NJ 07001 **AVENEL, NJ 07001**



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
22-1805243 Not Applicable

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

6. Name and Address of Current Registered Agent
MILEWSKI, RAY
5420 NORTH 59TH STREET
TAMPA, FL 33610

DO NOT WRITE IN THIS SPACE

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

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

U00000073148
 03/02/04-80024-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COBC SEGAL, BARRY 145 VOLLERS DR BRANCHBURG, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEINBERGER, MICHAEL 6 ARROW DRIVE LIVINGSTON, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEGAL, BRAD 76 ROCKLEDGE DR LIVINGSTON, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FEINBERG, STEVEN 74 RIDGE DRIVE LIVINGSTON, NJ
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: *[Signature]* Date: *2/25/04* Daytime Phone #: *(732) 636-1111*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR