

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90159 048 ***150.00

DOCUMENT # J91738

1. Entity Name

C'EST SI BON OF BRADENTON, INC.



Principal Place of Business

7463 MANATEE AVE. W.
BRADENTON FL 34209
US

Mailing Address

%MARILYN S. RADLOFF
716 KEY ROYALE DR.
HOMMES BEACH FL 34217
US

2. Principal Place of Business

3. Mailing Address

7133 MELROSE PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

Zip

Country

34209

MANATEE

4. FEI Number

65-0005492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RADLOFF, MARILYN S.
716 KEY ROYALE DR.
HOLMES BEACH FL 34217
BRADENTON, FL 34203

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	RADLOFF, MARILYN S.	
STREET ADDRESS	716 KEY ROYALE DR.	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRADY, SUSANN L.	
STREET ADDRESS	1923 SEANWOOD CIR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RADLOFF, KYLE A	
STREET ADDRESS	19008 65TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADLOFF, MARILYN S.	
STREET ADDRESS	7133 MELROSE PL	
CITY-ST-ZIP	BRADENTON, FL 34203	
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)(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

Date

Daytime Phone #

4/28/05 (941) 53-3786