

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000028734 1. Entity Name BRADY-DOUGLAS, INC.	
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Principal Place of Business 1407 MAIN STREET DUNEDIN, FL 34698	Mailing Address 1407 MAIN STREET DUNEDIN, FL 34698
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

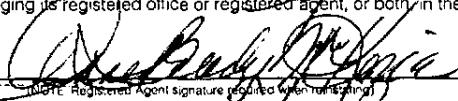
4. FEI Number 59-3635212	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKENZIE, ANNE BRADY
403 SAN SALVADOR DR.
DUNEDIN, FL 34698

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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 ANNE BRADY MACKENZIE  2-26-04
Signature, typed or printed name of registered agent and title if applicable DATE

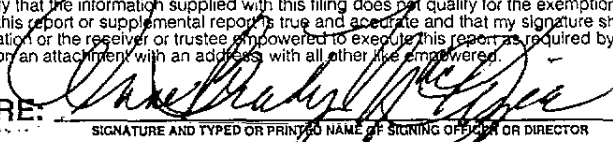
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MACKENZIE, ANNE BRADY 403 SAN SALVADOR DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MACDONALD, DAVID D 403 SAN SALVADOR DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/03/04-80034-009 150.00

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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:  2-26-04 727-733-9342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #