

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000106137

1. Entity Name
BRADENTON VILLAGE PARTNERS, INC.



Principal Place of Business
1307 6TH STREET WEST
BRADENTON, FL 34205

Mailing Address
1307 6TH STREET WEST
BRADENTON, FL 34205

FILED

04 APR 26 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3013211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C ESQ.
HOLLAND & KNIGHT, LLP
701 BRICKELL AVE., STE 3000
MIAMI, FL 33131

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 Fee

00035822789
05/10/04--01081--019 **150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD DE SUE, WILLIAM B 1307 6TH STREET WEST BRADENTON, FL 34205
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22.04

Date

941.728-5568

Daytime Phone #