

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000024682

1. Entity Name

JUDITH ANN BROGDEN, P.A.



Principal Place of Business

1403 VENTANA DRIVE
RUSKIN, FL 33570

Mailing Address

1403 VENTANA DRIVE
RUSKIN, FL 33570



07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3719654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROGDEN, JUDITH ANN
1403 VENTANA DRIVE
RUSKIN, FL 33570

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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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BROGDEN, JUDITH ANN
STREET ADDRESS	1403 VENTANA DRIVE
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/14/04-80007-017 150.00

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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 19.07(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

Judith Ann Brogden PA
JUDITH ANN BROGDEN

✓ 7-804 813-624-9900
Date Daytime Phone #