## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

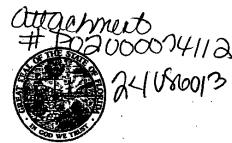
with an address, with all other like empowered.

SIGNATURE:

## Sep 22, 2004 8:00 am Secretary of State DOCUMENT # P02000074112 09-22-2004 90002 038 \*\*\*150.00 1. Entity Name B.R.A.D.D.Y., INC. Principal Place of Business Mailing Address 24086013 4117 COX DRIVE B.R.A.D.D.Y., INC. 4117 COX DRIVE LAND O" LAKES, FL 34639 LAND O" LAKES, FL 34639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09102004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 13-4206507 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BULLARD ELTIMOTHY C.P.A. Street Address (P.O. Box Number is Not Acceptable) 5324 LAND O' LAKES BLVD. LAND O' LAKES, FL 34639 3 .... Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ESTEP, JÍMMIE D M.S. NAME NAME STREET ADDRESS STREET ADDRESS 4117 COX DR. LAND O LAKES, FL 34639 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ESTEP, JIMMIE D.M.S. NAME NAME 4117 COX DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O LAKES, FL 34639 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF \_ Change Addition ~ [2] \* Delete :--- ------TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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

Timmie D. Estep unis:

FILED



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 10, 2004

B.R.A.D.D.Y., INC. 4117 COX DRIVE LAND O" LAKES, FL 34639

SUBJECT: B.R.A.D.D.Y., INC. Ref. Number: P02000074112

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 704A00054314