

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 22, 2004 8:00 am**  
**Secretary of State**

09-22-2004 90002 038 \*\*\*150.00

**DOCUMENT # P02000074112**

1. Entity Name  
**B.R.A.D.D.Y., INC.**



Principal Place of Business  
**B.R.A.D.D.Y., INC.  
4117 COX DRIVE  
LAND O' LAKES, FL 34639**

Mailing Address  
**4117 COX DRIVE  
LAND O' LAKES, FL 34639**

**24086013**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09102004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**13-4206507**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BULLARD, E. TIMOTHY, C.P.A.  
5324 LAND O' LAKES BLVD.  
LAND O' LAKES, FL 34639**

7. Name and Address of New Registered Agent

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  
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 **P** ☐ Delete  
NAME **ESTEP, JIMMIE D M.S.**  
STREET ADDRESS **4117 COX DR.**  
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **T** ☐ Delete  
NAME **ESTEP, JIMMIE D M.S.**  
STREET ADDRESS **4117 COX DR.**  
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Jimmie D. Estep m.s.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/20/04 (813) 363-3964**

Attachment  
# P02000074112



241080013

**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