

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90471 040 ***150.00

DOCUMENT # P02000086225

1. Entity Name

THE BRADEN HOUSE, INC.



Principal Place of Business

337 8TH AVE WEST
PALMETTO FL 34221

Mailing Address

337 8TH AVE WEST
PALMETTO FL 34221

54053761



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Business Closed MARCH 30/04
Suite, Apt. #, etc.

3. Mailing Address

4501 Manatee Ave West
#221
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Bradenton FL

Zip

34209

Country

USA

4. FEI Number

51-0426673

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOETHE, JEFFREY S
3651 CORTEZ ROAD WEST STE 300
BRADENTON FL 34210
BRADENTON, FL 34205

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BRADEN, ERIC J
STREET ADDRESS 337 8TH AVE WEST
CITY-ST-ZIP PALMETTO FL 34221

TITLE V ☐ Delete
NAME BRADEN, MARY A
STREET ADDRESS 337 8TH AVE WEST
CITY-ST-ZIP PALMETTO FL 34221

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Braden MARY BRADEN April 29/04 941-962-2447