

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90096 034 \*\*\*158.75

DOCUMENT # P02000095503

1. Entity Name  
BRADEN LAND SURVEYING, INC.



Principal Place of Business

7236 STATE RD 52  
SUITE 8  
BAYONE POINT, FL 34667

Mailing Address

7236 STATE RD 52  
SUITE 8  
BAYONE POINT, FL 34667

**60003341**



2. Principal Place of Business - No P.O. Box #

7236 State Rd 52  
Suite, Apt. #, etc.  
#3

3. Mailing Address

7236 State Rd 52  
Suite, Apt. #, etc.  
#3

01042007

Chg-P

CR2E034 (12/06)

City & State

Bayonet Point FL

City & State

Bayonet Point FL

4. FEI Number

13-4213308

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRADEN, LLOYD J  
11750 SEMINOLE DR  
NEW PORT RICHEY, FL 34654

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]*

*President*

*1/12/07*

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRADEN, LLOYD J	
STREET ADDRESS	11750 SEMINOLE DR	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADEN, JEANNE L	
STREET ADDRESS	11750 SEMINOLE DR	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34654	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* *Lloyd J. Braden, President*

*1/12/07*

*727-819-1332*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #