## 2005 FOR PROFIT CORPOR ION ANNUAL REPORT

## FILED Mar 23, 2005 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPURI					_	Secretary of State
DOCUMENT # P0200009927  1. Entity Name BRADDOCK SERVICES, INC.			. <del></del>			Secretary of Stan
5425 DATIL PEPPER ROAD 5425			Mailing Address  5425 DATIL PEPPER ROAD			
51. AUGUS11	NE, FL 32086		ST. AUGUSTINE, FL 32086		 	A BERKE KANK BANK BANK BANK BANK BANK KANK KANK
C	гои ос	WRITE	IN THIS SPA	CÉ	03182005	No Chg-P
•					46-049 5. Certificate	95831 Not Applicable s of Status Desired Sa.75 Additional Fee Required
	6. Name and	Address of Current Re	gistered Agent		<u> </u>	i de riequiteu
HALL, CHARLES E 77 ALMERIA STREET ST. AUGUSTINE, FL 32084				DO NOT WRITE 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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.					.00 May Be led to Fees	U00000273226 03/23/05-80018-020_150_00
10.	LOVOT -	OFFICERS AND DI	RECTORS			to the contract to the second
NAME STREET ADDRESS CITY-ST-ZIP	PVST BRADDOCK, I 5425 DATIL PI ST. AUGUSTII	EPPER ROAD	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>				
TITLE NAME						- · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN .	THIS SPACE
TITLE	<u> </u>		<del></del>			
NAME STREET ADDRESS						
CITY-ST-ZIP		<u> </u>			<u> </u>	<u> </u>
TITLE NAME						
STREET ADDRESS				] -		
CITY-ST-ZIP	certify that the info	rmation supplied with th	is filing does not qualify for the exe	emotion stated in Se	ection 119.07(3)	(i), Florida Statutes. I further certify that the information
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 AND WIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: