


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000106507 1. Entity Name BRED, INC.	
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Principal Place of Business 16 16TH AVENUE SW LARGO, FL 33770	Mailing Address 16 16TH AVENUE SW LARGO, FL 33770
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DO NOT WRITE IN THIS SPACE



02122005 No Chg-P CR2E034 (10/03)

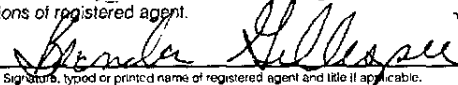
4. FEI Number 16-1634537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GILLESPIE, BRENDA
16 16TH AVENUE SW
LARGO, FL 33770

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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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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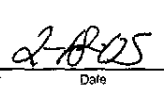
10. OFFICERS AND DIRECTORS	
TITLE PVST	NAME GILLESPIE, BRENDA
STREET ADDRESS 16 16TH AVENUE SW	CITY-ST-ZIP LARGO, FL 33770
TITLE D	NAME GILLESPIE, BRENDA
STREET ADDRESS 16 16TH AVENUE SW	CITY-ST-ZIP LARGO, FL 33770
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

100000240807
02/24/05-80018-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #: 