2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000029501**

1. Entity Name PAINTING BY BRADY INC.



**FILED** Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business

1217 6TH ST W PALMETTO, FL 34221-4569 Mailing Address

1217 6TH ST W

**PALMETTO, FL 34221-4569** 



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CR2E034 (11/05) 03012006 No Chg-P

4. FEI Number 65-1219278

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, BRADY 703 60TH ST E STE G BRADENTON, FL 34208	{	DO NOT WRITE IN THIS SPACE		
The above named entity submits this statement for the the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registrated agent and the	purpose of changing its registered office or registered agent, or be a replaced agent. The purpose of changing its registered Agent signature required when reinstaling)	oth, in the State of Florida. I am familiar with, and accept  DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee Will be \$550.00	S. Election Campelgn Financing     Trust Fund Contribution.     Added to Fees	1100000457620 03/17/06-80010-019 150.00		
TITLE D NELSON, BRADY 1217 6TH ST W PALMETADDRESS PALMETTO, FL 342214569	CTORS			
NAME STREET ADDRESS CITY-ST-ZP				
TITLE	<b>i</b>			

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental poor 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 emporation 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 ap address this all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS

TOPED ON PRINTED HAME OF SIGNING OFFICER ON DIRECTOR