


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90092 044 ***150.00

DOCUMENT # P05000074504		
1. Entity Name BRIDEN, INC.		

Principal Place of Business 4849 PHILROSE DRIVE JACKSONVILLE, FL 32217	Mailing Address 4849 PHILROSE DRIVE JACKSONVILLE, FL 32217
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2. Principal Place of Business 9802 BAYMEADOWS Rd	3. Mailing Address 9802 BAYMEADOWS Rd
Suite, Apt. #, etc. 12	Suite, Apt. #, etc. 12
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32256	Country USA

	
01112006 Chg-P	CR2E034 (11/05)
4. FEI Number 75-3192209	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 FRAZIER, BRIAN R 4849 PHILROSE DRIVE JACKSONVILLE, FL 32217	
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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 X Brian R Frazier, BRIAN R FRAZIER, (P) DATE 3/9/06	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAZIER, BRIAN R 4849 PHILROSE DRIVE JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOATS, DENNIS J 13959 CAPTAIN HOOK DRIVE, NORTH JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Dennis J. Moats	DATE: 1-11-06 DAYTIME PHONE: 904-6459361