2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2007 8:00 am Secretary of State 03-22-2007 90008 003 ***150.00

DOCUMENT # P06000042828 1. Entity Name DOUGLAS-BRADY, INC.								03-22-2007	90008 0	003 ***15	50.00
Principal Place of Business 1407 MAIN STREET DUNEDIN, FL 34698			1	Mailing Address 1407 MAIN STREET DUNEDIN, FL 34698			60027124				
2. Principal Place of Business - No P.O. Box # 3.				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03102007	Chg-P	CR2E0	34 (12/06)	
City & State				City & State		4. FEI Numb	548412			pplied For ot Applicable	
Zip	Country			Zip Count		try		e of Status Desired	 	\$8.75 Ad Fee Require	ditional ed
6. Name and Address of Current Registered Agent						Name	7. Name and	d Address of New R	egistered /	Agent	
MACDONALD, DAVID 966 SAN SALVADOR DR DUNEDIN, FL 34698					Street Address (P.O. Box Number is Not Acceptable)						
·						City				Zip Coo	
8. The above	named entity	v submite this state	ment for the r	ournose of changing its	rogistore	•	red agent or be	ath is the State of Ele	FL	• '	
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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent aignature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.							.00 May Be led to Fees				
10. OFFICERS AND D			S AND DIREC			ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE NAME 1:	Li Delale I III.									☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					
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NAME STREET ADDRESS					NAME	ET ADDRESS					
CITY-ST-ZIP						ST-ZIP		<u> </u>			
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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 of 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: 1504 MILE NAME OF SIGNING OFFICER OR DIRECTOR 3-20-07 727-734.7811 SIGNATURE: Daylore Proce 9 Daylore Proce 9											7811
		(on chiniqu	Or Growing OFFICEN	AU DIKER!	~		Date	D D	ayınını PTOOM #	