


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90058 013 \*\*\*150.00

**DOCUMENT # P27761**  
 1. Entity Name  
**BRADEN CONSTRUCTION SERVICES, INC.**



Principal Place of Business  
**5110 N. MINGO  
 TULSA, OK 74117**

Mailing Address  
**5110 N. MINGO  
 TULSA, OK 74117**

**44004438**



2. Principal Place of Business  
**5199 N. MINGO RD.**

3. Mailing Address  
**P O BOX 1229**

Suite, Apt. #, etc.

01192004 Chg-P CR2E034 (10/03)

City & State  
**TULSA, OK 74117**

City & State  
**TULSA, OK 74101-1229**

4. FEI Number  
**73-1352345**

Applied For  
 Not Applicable

Zip  
**74117**

Country  
**USA**

Zip  
**74101-1229**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 110 NORTH MAGNOLIA ST.  
 TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO EDWARDS, LARRY D. 5110 N. MINGO TULSA, OK <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVER, JACK E., JR. 5110 N. MINGO TULSA, OK <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, JAMES P. <del>5110 N. MINGO</del> TULSA, OK <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENSTEIN, STEPHEN 280 PARK AVENUE 33RD FLOOR NEW YORK, NY 10017 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOCKEMOEHLE, GENE F 5110 N. MINGO RD. TULSA, OK 74117 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HACKNER, MICHAEL H 2905 NORTHWEST BLVD STE 150 PLYMOUTH, FL 55441 <input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, STAN 5199 N. MINGO RD. TULSA, OK 74117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6120 S. Yale, Ste. 1480 Tulsa, OK 74136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **Stan White, Vice President** 01/19/2004 918-272-5371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #