

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000002539

1. Entity Name
BRADY & BRADY, P.A.



Principal Place of Business
370 W CAMINO GARDENS BLVD
STE 200C
BOCA RATON, FL 33432 US

Mailing Address
370 W CAMINO GARDENS BLVD
STE 200C
BOCA RATON, FL 33432 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0361131

Applic For
No: Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADY, FRANK R
370 W CAMINO GARDENS BLVD
STE 200 C
BOCA RATON, FL 33432

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
BRADY, FRANK R
370 CAMINO GARDENS BLVD
BOCA RATON, FL ☐ Delete

TITLE
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BRADY, JEANNE C
370 CAMINO GARDENS BLVD
BOCA RATON, FL 33432 ☐ Delete

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/05

Date

(561) 338-4256

Daytime Phone #