

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

158.75

DOCUMENT # P92000002539

1. Entity Name  
BRADY & BRADY, P.A.Principal Place of Business  
370 W CAMINO GARDENS BLVD  
STE 200C  
BOCA RATON, FL 33432 USMailing Address  
370 W CAMINO GARDENS BLVD  
STE 200C  
BOCA RATON, FL 33432 US

FILED

06 MAR 10 AM 9:42

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0361131	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BRADY, FRANK R  
370 W CAMINO GARDENS BLVD  
STE 200 C  
BOCA RATON, FL 33432DO NOT WRITE  
IN THIS SPACE

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 reinstating)

DATE

2/23/06

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

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

TITLE	VDS
NAME	BRADY, JEANNE C
STREET ADDRESS	370 CAMINO GARDENS BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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03/30/06--01062--014 \*\*213.75DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/06

561-338-9256