


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90274 028 \*\*\*158.75

**DOCUMENT # P94000060564**

1. Entity Name  
**BRADEN RIVER UTILITIES, INC.**



Principal Place of Business      Mailing Address  
**6215 LORRAINE RD**      **6215 LORRAINE RD.**  
**BRADENTON, FL 34202**      **BRADENTON, FL 34202**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02152005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0592970**      Not Applicable

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



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

**CHIOFALO, ANTHONY J**  
**6215 LORRAINE ROAD**  
**BRADENTON, FL 34202**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      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**

TITLE	V	<input type="checkbox"/> Delete
NAME	JENSEN, REX	
STREET ADDRESS	6215 LORRAINE RD	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, JOHN	
STREET ADDRESS	6215 LORRAINE RD	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	ST <sup>VP</sup>	<input type="checkbox"/> Delete
NAME	CHIOFALO, ANTHONY	
STREET ADDRESS	6215 LORRAINE RD	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, TIM	
STREET ADDRESS	6215 LORRAINE RD	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	P	<input type="checkbox"/> Delete
NAME	DANAHY, TOM	
STREET ADDRESS	6215 LORRAINE RD	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VP POKRYWA, TODD</b>	
STREET ADDRESS	<b>6215 LORRAINE RD</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34202</b>	

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:** Anthony J Chiofalo V.P.      Date 2/15/05      Daytime Phone # 755-1637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #