


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 ^{VP}	<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	VP POKRYWA, TODD	
STREET ADDRESS	6215 LORRAINE RD	
CITY-ST-ZIP	BRADENTON FL 34202	

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 #