

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000060564

1. Entity Name
BRADEN RIVER UTILITIES, INC.



Principal Place of Business
6215 LORRAINE RD
BRADENTON, FL 34202

Mailing Address
6215 LORRAINE RD
BRADENTON, FL 34202



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0592970

Applied For
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

**DO 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME	JENSEN, REX
STREET ADDRESS	6215 LORRAINE RD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	VP
NAME	POKRYWA, TODD
STREET ADDRESS	6215 LORRAINE RD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	VP
NAME	CHIOFALO, ANTHONY
STREET ADDRESS	6215 LORRAINE RD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	VP
NAME	MARTIN, TIM
STREET ADDRESS	6215 LORRAINE RD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	P
NAME	DANAHY, TOM
STREET ADDRESS	6215 LORRAINE RD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO 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:

Anthony J. Chiofalo
VP Anthony J Chiofalo

1/30/06

941 755 163
ext 245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #