

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90096 010 \*\*\*150.00

DOCUMENT # P94000061835

1. Entity Name

BRADEN INDUSTRIES, INC.



Principal Place of Business

7312 NW 57 DR  
FORT LAUDERDALE FL 33321  
US

Mailing Address

7312 NW 57 DR  
FORT LAUDERDALE FL 33321  
US

2. Principal Place of Business - No P.O. Box #  
**7312 N.W. 57th DR**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMARAC FL**

City & State

4. FEI Number

**65-0509927**

Applied For

Not Applicable

Zip

**33321**

Country

**U.S.**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRADEN, STEPHEN W  
8801 N.W. 78 PLACE # 402  
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name  
**BRADEN INDUSTRIES INC**

Street Address (P.O. Box Number is Not Acceptable)

**7312 N.W. 57th DR**

City

**TAMARAC**

FL

Zip Code

**33321**

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

*Stephen W. Braden*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-11-07**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D**  
**BRADEN, STEPHEN W** ☐ Delete  
**7312 NW 57TH DR**  
**TAMARAC FL 33321**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Stephen W. Braden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-07**

Date

Daytime Phone #