

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91290 024 ***150.00

DOCUMENT # P96000014197	
1. Entity Name BRADEN RIVER INVESTMENTS, INC.	

Principal Place of Business 2520 MORGAN JOHNSON ROAD BRADENTON, FL 34208	Mailing Address 2520 MORGAN JOHNSON ROAD BRADENTON, FL 34208
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DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3424888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONN, ROBERT K
 2520 MORGAN JOHNSON ROAD
 BRADENTON, FL 34208

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONN, ROBERT K 2520 MORGAN JOHNSON ROAD BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, THOMAS R JR. 2212 MORGAN JOHNSON RD. BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRISON, RALPH C 2312 MORGAN JOHNSON RD. BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, PAUL L SR. 7727 DONALD ROSS RD. W. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Robert K Conn* **Robert K Conn** **4-26-04** **841 747-7544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #