

# 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



04132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

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

**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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	CONN, ROBERT K
<b>STREET ADDRESS</b>	2520 MORGAN JOHNSON ROAD
<b>CITY-ST-ZIP</b>	BRADENTON, FL 34208
<b>TITLE</b>	D
<b>NAME</b>	GRAVES, THOMAS R JR.
<b>STREET ADDRESS</b>	2212 MORGAN JOHNSON RD.
<b>CITY-ST-ZIP</b>	BRADENTON, FL 34208
<b>TITLE</b>	D
<b>NAME</b>	GARRISON, RALPH C
<b>STREET ADDRESS</b>	2312 MORGAN JOHNSON RD.
<b>CITY-ST-ZIP</b>	BRADENTON, FL 34208
<b>TITLE</b>	D
<b>NAME</b>	PARRISH, PAUL L SR.
<b>STREET ADDRESS</b>	7727 DONALD ROSS RD. W.
<b>CITY-ST-ZIP</b>	SARASOTA, FL 34240
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 4-26-04 941.747-7544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #