


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000100539
1. Entity Name
BRAD AND LINDA JORDAN, P.A.



Principal Place of Business Mailing Address
402 HUNTRIDGE DRIVE 402 HUNTRIDGE DRIVE
VENICE, FL 34292 VENICE, FL 34292

DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0725023 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, BRAD
402 HUNTRIDGE DRIVE
VENICE, FL 34292

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	P JORDAN, BRAD 402 HUNTRIDGE DRIVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JORDAN, LINDA S 402 HUNTRIDGE DRIVE VENICE, FL 34292
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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: *[Signature]* 3/24/05 941-485-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #