

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90082 039 ***150.00

DOCUMENT # P97000094250

1. Entity Name

DONALD BRADY ENTERPRISES, INC.



Principal Place of Business

5005 KYNGS HEATH RD
KISSIMMEE FL 34746
US

Mailing Address

P. O. BOX 22193
LAKE BUENA VISTA FL 32830-2193
US

40013000



2. Principal Place of Business - No P.O. Box #

5745 MASTERS BLVD.

Suite, Apt. #, etc.

3. Mailing Address

5745 MASTERS BLVD.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

4. FEI Number

59-3470624

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, GREGORY M
111 NORTH ORANGE AVENUE
SUITE 750
ORLANDO FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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
BRADY, DONALD E
5745 MASTERS BOULEVARD
ORLANDO FL 32819-4016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
BRADY, LORRAINE
5745 MASTERS BLVD
ORLANDO FL 32819 ☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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☐ Change ☐ Addition

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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: *Donald E. Brady* DONALD E. BRADY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07

Date

407-876-3867

Daytime Phone #