


2004 FOR PROFIT CORPORATION ANNUAL REPORT


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

08-26-2004 90004 041 ***150.00

DOCUMENT # P98000071771	
1. Entity Name MICHAEL J. BRADY, INC.	

Principal Place of Business 4507 BUSTI DRIVE SARASOTA, FL 34232	Mailing Address 4507 BUSTI DRIVE SARASOTA, FL 34232
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04070000

2. Principal Place of Business 4411 BEE RIDGE RD Suite, Apt. #, etc. #127	3. Mailing Address 4411 BEE RIDGE RD Suite, Apt. #, etc. #127
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34233	Country 



08232004 Chg-P CR2E034 (10/03)

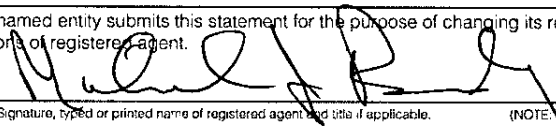
4. FEI Number 65-0861416	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent BRADY, MICHAEL J 4507 BUSTI DRIVE SARASOTA, FL 34232
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4411 BEE RIDGE RD #127 City SARASOTA FL Zip Code 34233

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  DATE **8/23/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BRADY, MICHAEL J 4507 BUSTI DRIVE SARASOTA, FL 34232

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4411 BEE RIDGE RD. #127 SARASOTA, FL 34233

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:  **MICHAEL J. BRADY** DATE **8/23/04** (941) 374-3260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #