

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000070990

1. Entity Name

EDWARD RILEY BRADLEY'S, INC.



Principal Place of Business

104 CLEMATIS ST.
WEST PALM BEACH, FL 33401

Mailing Address

470 COLUMBIA DR.
D-201
WEST PALM BEACH, FL 33409 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10072005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0941946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONIGLIO, FRANK S
1139 N OCEAN BLVD
PALM BEACH, FL 33480

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	CONIGLIO, FRANK S	
STREET ADDRESS	1139 N OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	VPS	☐ Delete
NAME	CONIGLIO, GAIL L	
STREET ADDRESS	1139 N OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	VP	☒ Delete
NAME	REALE, MITCH	
STREET ADDRESS	104 CLEMANS ST	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	MGR	☒ Delete
NAME	REALE, STEPHANIE	
STREET ADDRESS	104 CLEMATIS ST	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VP	☐ Delete
NAME	NARDOLILLO, MYLENE	
STREET ADDRESS	104 CLEMATIS ST	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	MGR	☐ Delete
NAME	CONIGLIO, NICHOLAS	
STREET ADDRESS	104 CLEMATIS STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	300060779913
CITY-ST-ZIP	10/19/05--01060--002 **\$61.25
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	V.P.
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

10/11/05 561-848-3308

Date

Daytime Phone #