

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

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



02132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

**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, 2008 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 CONIGLIO, FRANK S 1139 N OCEAN BLVD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS CONIGLIO, GAIL L 1139 N OCEAN BLVD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NARDOLILLO, MYLENE 104 CLEMATIS ST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CONIGLIO, NICHOLAS 104 CLEMATIS STREET WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAM, BU 104 CLEMATIS ST. WEST PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JUKMENCUKS, CSILLA 104 CLEMATIS ST. WEST PALM BEACH, FL 33480

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03/26/08-80045-004 158.75

**DO NOT WRITE  
IN THIS SPACE**

**SIGN  
& DATE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08 561-833-3520  
Date Daytime Phone #