


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90011 005 ***150.00

DOCUMENT # P99000081356 1. Entity Name J & C BRADY, INC.					
Principal Place of Business 19157 LAKE AUDUBO DR. TAMPA, FL 33647			Mailing Address 19157 LAKE AUDUBO DR. TAMPA, FL 33647		
2. Principal Place of Business 5214 Fairway One Dr.		3. Mailing Address 5214 Fairway One Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Valrico, FL		City & State Valrico, FL		4. FEI Number 59-3599160	
Zip 33594		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADY, JOHN W 19157 LAKE AUDUBON DR. TAMPA, FL 33647			7. Name and Address of New Registered Agent Name John W. Brady Street Address (P.O. Box Number is Not Acceptable) 5214 Fairway One Dr. City Valrico FL Zip Code 33594		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, JOHN W <input type="checkbox"/> Delete 19157 LAKE AUDUBON DR. TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brady, John W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5214 Fairway One Dr. Valrico, FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, CAROL J <input type="checkbox"/> Delete 19157 LAKE AUDUBON DR. TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brady, Carol J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5214 Fairway One Dr. Valrico, FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: <i>John W Brady</i> JOHN W BRADY 3/3/06 813-643-6243 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					