

Apr 23
Sec

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S18154

1. Entity Name
BRADY CONTRACTING, INC.



Principal Place of Business
**2800 KENNEDY DR
VENICE, FL 34292 US**

Mailing Address
**2800 KENNEDY DR
VENICE, FL 34292 US**



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0238078

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SULLIVAN, PAMELA B
2800 KENNEDY DRIVE
VENICE, FL 34292**

**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	D
NAME	BRADY, RICHARD W.
STREET ADDRESS	315 PINE GLEN WAY
CITY-ST-ZIP	ENGLEWOOD, FL
TITLE	D
NAME	BRADY, ROBERT WILSON
STREET ADDRESS	5227 SIESTA COVE DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	SULLIVAN, PAMELA B.
STREET ADDRESS	2800 KENNEDY DR
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000928773
05/21/08-80041-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Pamela B. Sullivan Sec/Exec

3-30-08

941-484-5118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #