


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 824414
 1. Entity Name
M.A. BRUDER & SONS, INCORPORATED



Principal Place of Business Mailing Address
600 REED ROAD **600 REED ROAD**
BROOMALL PA 19008-3505 **BROOMALL PA 19008-3505**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
23-1275778 Not Applicable

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUDER, THOMAS A. JR.	
STREET ADDRESS	600 REED RD.	
CITY-ST-ZIP	BROOMALL PA	
TITLE	VST	<input type="checkbox"/> Delete
NAME	WINTERS, DAVID R.	
STREET ADDRESS	600 REED RD.	
CITY-ST-ZIP	BROOMALL PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRUDER, JAMES J	
STREET ADDRESS	600 REED RD.	
CITY-ST-ZIP	BROOMALL PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRUDER, MICHAEL A.	
STREET ADDRESS	600 REED ROAD	
CITY-ST-ZIP	BROOMALL PA	
TITLE	ASC	<input type="checkbox"/> Delete
NAME	BURNS, FRANCIS P.	
STREET ADDRESS	604 WILDE AVE	
CITY-ST-ZIP	DREXEL HILL PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000455927
 03/16/06 80007-019 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Francis P. Burns* Francis P. Burns 3/1/06 (610)3535100