2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State
01-30-2004 90088 044 ***150.00

DOCUMENT # P93000031169

1. Entity Name
BRADFORD FUEL, INC.

Principal Place of Business	Mailing Address
5290 NW 188TH TR STARKE FL 32091-9540	5290 NW 188TH TR STARKE FL 32091-9540

J4UU22U7

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
5290 NW 188th TR	5290 NW 188th TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Starke, Fl.	Starke, Fl.
City & State	City & State
Zip 32091-8100 Country USA	Zip 32091-8100 Country USA

4. FEI Number 59-3182306 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARDY, DUDLEY P
403 W GEORGIA ST
STARKE FL 32091

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 ______________________________
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 UNDERHILL, HARMON V SR RT 2 BOX 1702 STARKE FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Underhill, Harmon V. Sr. 5290 NW 188th TR Starke, Fl., 32091-8100 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST UNDERHILL, ETHEL RT. 2 BOX 1702 STARKE FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Underhill, Ethel 5290 NW 188th TR Starke, Fl. 32091-8100 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Ethel Underhill, Ethel Underhill, ST 1/26/04 904964-6326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #