

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2007 08:00 AM
Secretary of State



DOCUMENT # P93000031169					
1. Entity Name BRADFORD FUEL, INC.					
Principal Place of Business 5290 NW 188TH TR. STARKE FL 32091-8100			Mailing Address 5290 NW 188TH TR. STARKE FL 32091-8100		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP UNDERHILL, HARMON V SR 5290 NW 188TH TR STARKE FL 32091		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000611976 02/02/07-80086-016 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST UNDERHILL, ETHEL 5290 NW 188TH TR. STARKE FL 32091		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: Ethel Underhill Ethel Underhill, ST 1-28-07 (904) 964-6326
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #