## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G26239

FILED Apr 03, 2009 Secretary of State

Entity Name: BRADFORD TRI-COUNTY MARKETING, INC.

Current Principal Place of Business:			iness:	New Principal Place	New Principal Place of Business:	
8070 PALN	M AVE			1900 HONDA DRIVE		
JNIT #6 FT.MYERS	S, FL 33931	US		UNIT #5 FT.MYERS, FL 3390	7 US	
Current M	lailing Addre	ess:		New Mailing Addres	ss:	
	205 BRANCH 5 BEACH, FL		US			
El Number	: 59-2272339	FEI No	ımber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current	Registered Agent:	Name and Address	of New Registered Agent:	
25335 PIN			110			
BONITA S	PRINGS, FL	34135	US			
The above				ourpose of changing its registere	ed office or registered agent, or both,	
The above n the State	named entity of Florida.			ourpose of changing its registere	ed office or registered agent, or both,	
The above n the State	named entity e of Florida. RE:	<i>r</i> submits			ed office or registered agent, or both,  Date	
The above n the State SIGNATUI	named entity e of Florida. RE: Electro	v submits	this statement for the p			
The above n the State BIGNATUI	named entity e of Florida. RE: Electro	onic Signa	this statement for the particles at the	ent		
The above n the State SIGNATUI  Election Car  OFFICER: Value: Value: Value: Value:	named entity e of Florida.  RE: Electro  mpaign Financi S AND DIRE	v submits  onic Signa  ng Trust F  CTORS:  ) Delete  JAMES M, N DR	this statement for the particle of Registered Agund Contribution ( ).	ent	Date	
The above n the State BIGNATUI	e named entity e of Florida.  RE:  Electro  mpaign Financi  S AND DIRE  DP ( BRADFORD, 25335 PINSO BONITA SPRI	r submits  onic Signa ng Trust F  CTORS:  ) Delete JAMES M, N DR NGS, FL 3  ) Delete TAMMY L N DR	this statement for the pature of Registered Agund Contribution ( ).	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY L BRADFORD VP 04/03/2009