


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 412646	
1. Entity Name BRADFORD DEVELOPMENT CORPORATION	

Principal Place of Business PO BOX 771547 WINTER GARDEN, FL 34777-1547	Mailing Address PO BOX 771547 WINTER GARDEN, FL 34777-1547
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01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1426528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BRADFORD, M. WADE 100 W PLANT ST. WINTER GARDEN, FL 34787

**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 file if applicable. (NOTE: Registered Agent signature required when reinstating.) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADFORD, M W 100 W PLANT ST. WINTER GARDEN, FL 347771547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADFORD, CAMERON 100 W PLANT ST. WINTER GARDEN, FL 347771547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADFORD, JANICE M 100 W PLANT ST. WINTER GARDEN, FL 347771547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. WADE BRADFORD, PRES

01/17/05 407-656-639
Date Daytime Phone #