


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90060 025 ***158.75

DOCUMENT # 412646	
1. Entity Name BRADFORD DEVELOPMENT CORPORATION	

Principal Place of Business 100 WEST PLANT ST WINTER GARDEN, FL 34787	Mailing Address 100 W. PLANT ST WINTER GARDEN, FL 34787
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2. Principal Place of Business - No P.O. Box # 7341 BELLA FORESTA PL	3. Mailing Address P.O. Box 770579
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SANFORD FL	City & State WINTER GARDEN FL
Zip 32771	Country USA
Country USA	Zip 34777

01212008 Chg-P CR2E034 (12/06)

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

6. Name and Address of Current Registered Agent BRADFORD, M. WADE 100 W PLANT ST. WINTER GARDEN, FL 34787	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7341 BELLA FORESTA PLACE City SANFORD FL Zip Code 32771	

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, 2008 Fee will be \$550.00

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	PD BRADFORD, M W 100 W PLANT ST. WINTER GARDEN, FL 347771547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7341 BELLA FORESTA PLACE SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADFORD, CAMERON 100 W PLANT ST. WINTER GARDEN, FL 347771547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7341 BELLA FORESTA PLACE SANFORD FL 32771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M WADE BRADFORD PRES

2/7/08 407-656-6377