


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90048 031 \*\*\*150.00

**DOCUMENT # 549738**  
 1. Entity Name  
**BRADLEY JOHNSON LAW FIRM, P.A.**




Principal Place of Business      Mailing Address  
**225 E PARK AVENUE**      **225 E PARK AVENUE**  
**PO BOX 1260**      **PO BOX 1260**  
**LAKE WALES, FL 33853**      **LAKE WALES, FL 33859**

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

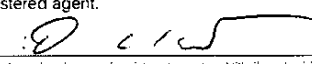
40001607  
  
 01092007    Chg-P    CR2E034 (12/06)

4. FEI Number      Applied For  
**59-1768463**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**WILLIAMS, ROBERT L MR.**  
**225 E. PARK AVENUE**  
**LAKE WALES, FL 33853**

**7. Name and Address of New Registered Agent**  
 Name  
**D. Andrew Hunt**  
 Street Address (P.O. Box Number is Not Acceptable)  
**225 E. Park Avenue**  
 City      State      Zip Code  
**Lake Wales      FL      33853**

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:       DATE: **1/9/07**

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUNT, D. ANDREW MR.	
STREET ADDRESS	225 E PARK AVE	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT L MR.	
STREET ADDRESS	225 E PARK AVE	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, MARK H MR.	
STREET ADDRESS	225 E PARK AVE	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	TERRY, CLAY A MR.	
STREET ADDRESS	225 E. PARK AVE.	
CITY-ST-ZIP	LAKE WALES, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark H. Smith	
STREET ADDRESS	225 E. Park Avenue	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

**SIGNATURE:**       DATE: **1/9/07**      (863) 676-1423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #