


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 848585	
1. Entity Name BRADCO SUPPLY CORPORATION	

Principal Place of Business 13 PRODUCTION WAY AVENEL, NJ 07001	Mailing Address 13 PRODUCTION WAY P.O. BOX 67 AVENEL, NJ 07001
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DO NOT WRITE IN THIS SPACE



01022008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-1805243	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILEWSKI, RAY
5420 NORTH 59TH STREET
TAMPA, FL 33610**

**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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBC SEGAL, BARRY 235 NOTTINGHAM WY HILLSIDE, NJ 07205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEINBERGER, MICHAEL 6 ARROW DRIVE LIVINGSTON, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEGAL, BRAD 76 ROCKLEDGE DR LIVINGSTON, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STACY, JOSEPH 4 HIGHFIELD LANE COLTS NECK, NJ 07722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/07/08-80025-023 150.00

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IN THIS SPACE**

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 files empowered.

SIGNATURE: *Joseph Stacy Vice Pres* **1/3/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____