

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000001072

1. Entity Name
BRD MANAGEMENT CORPORATION



06 OCT 17 AM 9:45

Principal Place of Business

300 RIVER ROAD WEST
MANAKIN SABOT, VA 93103

Mailing Address

300 RIVER ROAD WEST
MANAKIN SABOT, VA 93103



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1894314

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202

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.

By: Charles V. Hedrick Charles V. Hedrick, Authorized Signatory 10/13/06
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BLUNT, WARNER L III
STREET ADDRESS 300 RIVER ROAD WEST
CITY-ST-ZIP MANAKIN SABOT, VA 93103

TITLE VSD
NAME BUTCHER, ROBERT G JR.
STREET ADDRESS 300 RIVER ROAD WEST
CITY-ST-ZIP MANAKIN SABOT, VA 93103

TITLE T
NAME THURSTON, JEAN T
STREET ADDRESS 300 RIVER ROAD WEST
CITY-ST-ZIP MANAKIN SABOT, VA 93103

TITLE D
NAME FENCHUCK, GARY W
STREET ADDRESS 14700 VILLAGE SQUARE PLACE
CITY-ST-ZIP MIDLOTHIAN, VA 23112

TITLE D
NAME PEARSON, KATHRYN H
STREET ADDRESS 14700 VILLAGE SQUARE PLACE
CITY-ST-ZIP MIDLOTHIAN, VA 23112

TITLE D
NAME CARLISLE, H. CLEM III
STREET ADDRESS 14700 VILLAGE SQUARE PLACE
CITY-ST-ZIP MIDLOTHIAN, VA 23112

500080146695
09/25/06--01045--005 **158.75

500080146695
10/17/06--01042--022 **600.00

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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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARNER L BLUNT, III
9/1/06

Date

Daytime Phone #