

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # F05000001072

1. Entity Name
BRD MANAGEMENT CORPORATION



Principal Place of Business
**300 RIVER ROAD WEST
MANAKIN SABOT, VA 93103**

Mailing Address
**300 RIVER ROAD WEST
MANAKIN SABOT, VA 93103**

DO NOT WRITE IN THIS SPACE

02282007 No Chg-P CR2E034 (11/05)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000697690

04/18/07-80050-019 150.00
DATE

**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
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

**DO NOT WRITE
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

Date

4/6/07

Daytime Phone #

8047847050