


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000001072 1. Entity Name BRD MANAGEMENT CORPORATION	
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Principal Place of Business 300 RIVER ROAD WEST MANAKIN SABOT, VA 93103	Mailing Address 300 RIVER ROAD WEST MANAKIN SABOT, VA 93103
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**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1894314	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000314511 05/08/08-80061-007 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLUNT, WARNER L III 300 RIVER ROAD WEST MANAKIN SABOT, VA 93103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BUTCHER, ROBERT G JR. 300 RIVER ROAD WEST MANAKIN SABOT, VA 93103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THURSTON, JEAN T 300 RIVER ROAD WEST MANAKIN SABOT, VA 93103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENCHUCK, GARY W 14700 VILLAGE SQUARE PLACE MIDLOTHIAN, VA 23112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, KATHRYN H 14700 VILLAGE SQUARE PLACE MIDLOTHIAN, VA 23112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLISLE, H. CLEM III 14700 VILLAGE SQUARE PLACE 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: WARNER L. BLUNT III 4/11/08 804 704 7050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #