

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001072

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: BRD MANAGEMENT CORPORATION

## Current Principal Place of Business:

300 RIVER ROAD WEST  
MANAKIN SABOT, VA 93103

## New Principal Place of Business:

## Current Mailing Address:

300 RIVER ROAD WEST  
MANAKIN SABOT, VA 93103

## New Mailing Address:

FEI Number: 54-1894314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BLUNT, WARNER L III  
Address: 300 RIVER ROAD WEST  
City-St-Zip: MANAKIN SABOT, VA 93103

Title: VSD ( ) Delete  
Name: BUTCHER, ROBERT G JR.  
Address: 300 RIVER ROAD WEST  
City-St-Zip: MANAKIN SABOT, VA 93103

Title: T ( ) Delete  
Name: THURSTON, JEAN T  
Address: 300 RIVER ROAD WEST  
City-St-Zip: MANAKIN SABOT, VA 93103

Title: D ( ) Delete  
Name: FENCHUCK, GARY W  
Address: 14700 VILLAGE SQUARE PLACE  
City-St-Zip: MIDLOTHIAN, VA 23112

Title: D ( ) Delete  
Name: PEARSON, KATHRYN H  
Address: 14700 VILLAGE SQUARE PLACE  
City-St-Zip: MIDLOTHIAN, VA 23112

Title: D ( ) Delete  
Name: CARLISLE, H. CLEM III  
Address: 14700 VILLAGE SQUARE PLACE  
City-St-Zip: MIDLOTHIAN, VA 23112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F CRUMP

VP

04/23/2009

Electronic Signature of Signing Officer or Director

Date