


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F88016**  
 1. Entity Name  
**BRADSHAW HOLDINGS, INC.**



Principal Place of Business  
**1701 HWY A1A**  
**STE 208**  
**VERO BEACH, FL 32963 US**

Mailing Address  
**PO BOX 4080**  
**VERO BEACH, FL 32964 US**

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2199899** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRADSHAW, CHARLES, J.**  
**1701 HWY A1A**  
**STE 208**  
**VERO BEACH, FL 32963**

**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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	DVS MACHEN, JIM D. 301 W. CAMINO GARDENS BLVD. #101 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADSHAW, CHARLES J 1701 HWY A1A STE 208 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, ELIZABETH H 1701 HWY A1A STE 208 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BASS, CINDY L 1701 HWY A1A, STE 208 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/18/05-80041-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Elizabeth H. Smith, Secy. **4-15-05 (772) 231-0250**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #