

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90144 008 ***550.00

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1. Entity Name

THE BRADFORDVILLE EXCHANGE COMPANY



Principal Place of Business
2305 CHARLES COURT
TALLAHASSEE FL 32303

Mailing Address
2305 CHARLES COURT
TALLAHASSEE FL 32303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number
59-2558454

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, ELAINE TULLY
2305 CHARLES CT
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME TULLY WOODWARD, ELAINE ☐ Delete
STREET ADDRESS 2305 CHARLES CT
CITY- ST- ZIP TALLAHASSEE FL

TITLE DV
NAME TULLY, MERRI KATHERINE ☐ Delete
STREET ADDRESS 200 HART, 113G
CITY- ST- ZIP STATEN ISLAND NY 10301

TITLE DS
NAME CRUZ, TERRI T ☐ Delete
STREET ADDRESS 10403 BRENTFORD DRIVE
CITY- ST- ZIP TAMPA FL 33626

TITLE DT
NAME SALMON, LYNN T ☐ Delete
STREET ADDRESS 2028 ERMINE
CITY- ST- ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DV ☒ Change ☐ Addition
NAME Tully, Merri Katherine
STREET ADDRESS 20 Bay Street Landing
CITY- ST- ZIP Staten Island, N.Y. 10301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Elaine Tully Woodward, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #