

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H65134**

**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**



05092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**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**

**WOODWARD, ELAINE TULLY**  
**2305 CHARLES CT**  
**TALLAHASSEE, FL 32303**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**10. OFFICERS AND DIRECTORS**

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

**TITLE** DV  
**NAME** TULLY, MERRI KATHERINE  
**STREET ADDRESS** 20 BAY STREET LANDING  
**CITY-ST-ZIP** STATEN ISLAND, NY 10301

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

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

000000572740  
07/31/06-20001-014 150.00

**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:**

*Elaine J. Woodward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 26, 2006*  
Date

*850-385-4527*  
Daytime Phone #