## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # H65134

1. Entity Name

THE BRADFORDVILLE EXCHANGE COMPANY



## FILED Mar 22, 2007 8:00 am Secretary of State

03-22-2007 90014 006 \*\*\*150.00

				II.Ei						
Principal Place of Business		Mailing Address	I							
2305 CHARLES COURT TALLAHASSEE, FL 32303		2305 CHARLES COURT TALLAHASSEE, FL 32303 USA				-				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Numbe 59-255	_			oplied For ot Applicable	
Zip	Country	Zip Coun			5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	Agent		
WOODWARD, ELAINE TULLY			Name	Name						
2305 CHA			Street Address			P.O. Box Number is Not Acceptable)				
			City				FL	Zip Cod	е	
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 a	and title if applicable. (NOTE	E: Registered Agent signat	ure required	when reinstating)		DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.					00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11	
TITLE	DP	☐ Delete	TIFLE					☐ Change	☐ Addition	
name Street address (	TULLY WOODWARD, ELAINE 2305 CHARLES CT		NAME STREET ADDRESS							
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-S1-ZIP							
TITLE	DV	☐ Delete	1ITLE .	DV				Change	Addition	
NAME	TULLY, MERRI KATHERINE		NAME	iuli	4. Wen	Katheriv	)e			
STREET ADDRESS CITY-S1-ZIP	20 BAY STREET LANDING STATEN ISLAND, NY 10301		STREET ADDRESS CITY-ST-ZIP	315	Peterson	Katherin treet N.E. urg, Fl. 3	スケハト			
TITLE	DS	Delete	TITLE	31.	100 310	argi Fre 3	<u> </u>	☐ Change	☐ Addition	
NAME	CRUZ, TERRI T	□ Delete	NAME						☐ AUU/(IO/I	
STREET ADDRESS	10403 BRENTFORD DRIVE		STREET ADDRESS						- (	
CITY-ST-ZIP	TAMPA, FL 33626		CITY-S1-ZIP							
INLE	DT	☐ Delete	MILE					☐ Change	☐ Addition	
NAME STREET ADDRESS	SALMON, LYNN T 2028 ERMINE		NAME CIRCL ADODESE						1	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		STREET ADDRESS CITY-ST-ZIP	•						
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	THLE			- F-1		☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CHY-ST-ZIP							
TITLE NAME		☐ Delete	HALLE					☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-SI-ZIP							
40 15										

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: Eline J. Woodward Elaine T. Woodward 3-20-07 850-385-4507
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Detro Description of Significant Printed Prin