

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H65134

FILED
Apr 28, 2008
Secretary of State

Entity Name: THE BRADFORDVILLE EXCHANGE COMPANY

Current Principal Place of Business:

2305 CHARLES COURT
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2305 CHARLES COURT
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-2558454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, ELAINE TULLY
2305 CHARLES CT
TALLAHASSEE, FL 32303 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: DP () Delete
Name: TULLY WOODWARD, ELAINE
Address: 2305 CHARLES CT
City-St-Zip: TALLAHASSEE, FL

Title: DV () Delete
Name: TULLY, MERRI KATHERI, NE
Address: 315 14TH STREET NE
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: DS () Delete
Name: CRUZ, TERRI T
Address: 10403 BRENTFORD DRIVE
City-St-Zip: TAMPA, FL 33626

Title: DT () Delete
Name: SALMON, LYNN T
Address: 2028 ERMINE
City-St-Zip: TALLAHASSEE, FL 32308

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:

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: LYNN T. SALMON

DT

04/28/2008

Electronic Signature of Signing Officer or Director

Date