


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L00137
 1. Entity Name
BRADCO TRUST, INC.



Principal Place of Business C/O ROWE AND ROWE, P.A. 9471 BAYMEADOWS ROAD SUITE 203 JACKSONVILLE, FL 32256 US	Mailing Address C/O ROWE AND ROWE, P.A. 9471 BAYMEADOWS ROAD SUITE 203 JACKSONVILLE, FL 32256 US
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2959085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROWE AND ROWE, P.A.
 9471 BAYMEADOWS ROAD SUITE 203
 JACKSONVILLE, FL 32256

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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 site if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000102555
 04/02/04-80034-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADDOCK, WILLIAM R. 14400 BRADDOCK ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROWE, JENNIE B 8112 PINE LAKE ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEONARD, J F 10420 LEM TURNER ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTLEY, CORALIE B 9242 ADAMS AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, LIBBY B 849 POINTE LAVISTA ROAD, N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, TOMMIE B 6009 DUNN AVENUE JACKSONVILLE, FL

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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)(b), 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: Jennie B. Rowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04 (604) 930-2070
Date Daytime Phone #