


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M67938
1. Entity Name
BRADFORD BUILDING CORPORATION



Principal Place of Business: **100 W. PLANT ST. WINTER GARDEN, FL 34787 US**
Mailing Address: **P. O. BOX 771547 WINTER GARDEN, FL 34777 US**

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-2883624** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**BRADFORD, M. WADE
100 W. PLANT ST.
WINTER GARDEN, FL 34787**

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

UN00000213665
02/03/05-80078-009 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRADFORD, M. WADE
STREET ADDRESS	111 MERICAM CT.
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	D
NAME	BRADFORD, JANICE M.
STREET ADDRESS	111 MERICAM CT.
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	VP
NAME	BRADFORD, CAMERON W
STREET ADDRESS	111 MERICAM CT
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **01/31/05** Daytime Phone #: **407-656-6395**

M. WADE BRADFORD PRESIDENT