

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90037 010 ***158.75

DOCUMENT # M67938

1. Entity Name
BRADFORD BUILDING CORPORATION



Principal Place of Business
**100 W. PLANT ST.
WINTER GARDEN, FL 34787 US**

Mailing Address
**100 W. PLANT ST
WINTER GARDEN, FL 34787 US**

40020767



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2883624

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRADFORD, M. WADE
100 W. PLANT ST.
WINTER GARDEN, FL 34787**

**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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRADFORD, M. WADE
STREET ADDRESS	100 W. PLANT ST
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	BRADFORD, JANICE M.
STREET ADDRESS	100 W. PLANT ST
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	VP
NAME	BRADFORD, CAMERON W
STREET ADDRESS	100 W. PLANT ST
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

2/14/07 407-656-6397