

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M67938

FILED
Mar 27, 2009
Secretary of State

Entity Name: BRADFORD BUILDING CORPORATION

Current Principal Place of Business:

7341 BELLA FORESTA PL
SANFORD, FL 32771 US

New Principal Place of Business:

855 EAST PLANT STREET
SUITE 1200
WINTER GARDEN, FL 34787 US

Current Mailing Address:

P. O. BOX 770579
WINTER GARDEN, FL 34777 US

New Mailing Address:

FEI Number: 59-2883624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADFORD, M. WADE
7341 BELLA FORESTA PLACE
SANFORD, FL, FL 32771 US

Name and Address of New Registered Agent:

BRADFORD, M. WADE
855 EAST PLANT STREET
SUITE 1200
WINTER GARDEN, FL 34787 US

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

03/27/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: BRADFORD, M. WADE,
Address: 7341 BELLA FORESTA PL
City-St-Zip: SANFORD, FL 32771 US

Title: D, S () Delete
Name: BRADFORD, JANICE M.,
Address: 7341 BELLA FORESTA PL
City-St-Zip: SANFORD, FL 32771 US

Title: VP () Delete
Name: BRADFORD, CAMERON W
Address: 7341 BELLA FORESTA PL
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: BRADFORD, M. WADE,
Address: 855 EAST PLANT STREET, SUITE 1200
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D, S (X) Change () Addition
Name: BRADFORD, JANICE M.,
Address: 855 EAST PLANT STREET, SUITE 1200
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VP (X) Change () Addition
Name: BRADFORD, CAMERON W
Address: 855 EAST PLANT STREET, SUITE 1200
City-St-Zip: WINTER GARDEN, FL 34787 US

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: M. WADE BRADFORD

Electronic Signature of Signing Officer or Director

D, P

03/27/2009

Date