

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90048 010 ***150.00

DOCUMENT # M95313

1. Entity Name

J & M BRADLEY ENTERPRISES, INC.



Principal Place of Business

~~5208 TWIN CREEKS DR.~~
~~VALRICO FL 33594~~
US

Mailing Address

~~5208 TWIN CREEKS DR.~~
~~VALRICO FL 33594~~
US

2. Principal Place of Business

5820 Phoebe Nest Dr.
Suite, Apt. #, etc.

3. Mailing Address

5820 Phoebe Nest Dr.
Suite, Apt. #, etc.

City & State

Lithia FL

City & State

Lithia FL

4. FEI Number

65-0064010

Applied For

Not Applicable

Zip

33547

Country

Hills

Zip

33547

Country

Hills

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, JOHN D.
5208 TWIN CREEKS DRIVE
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name: Bradley John D.
Street Address (P.O. Box Number is Not Acceptable): 5820 Phoebe Nest Dr.
City: Lithia FL Zip Code: 33547

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BRADLEY, JOHN D.	
STREET ADDRESS	5208 TWIN CREEKS DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BRADLEY, MARILYN	
STREET ADDRESS	5208 TWIN CREEKS DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradley, John D.	
STREET ADDRESS	5820 Phoebe Nest Dr.	
CITY-ST-ZIP	Lithia, FL 33547	
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradley, Marilyn	
STREET ADDRESS	5820 Phoebe Nest Dr.	
CITY-ST-ZIP	Lithia, FL 33547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 I am empowered.

SIGNATURE:

John D. Bradley John D. Bradley 3-11-06 (813) 681-7433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Daytime Phone #