


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 FEB 14 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000001796			
1. Entity Name BRADWELL'S UNLIMITED INC.			
Principal Place of Business PO BOX 1934 QUINCY, FL 32351		Mailing Address PO BOX 1934 QUINCY, FL 32351	
2. Principal Place of Business - No P.O. Box # 15 West Clark St.		3. Mailing Address	
Suite, Apt. #, etc. Quincy, FL		Suite, Apt. #, etc.	
City & State		City & State	
Zip 32351	Country US	Zip	Country
6. Name and Address of Current Registered Agent BRADWELL, JOANIE 15 W CLARK STREET QUINCY, FL 32351		7. Name and Address of New Registered Agent Name Joanie Bradwell Street Address (P.O. Box Number is Not Acceptable) P.O. 15 West Clark Street Quincy, City FL Zip Code 32353	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAVIS, CYNTHIA 4481 LOSCO ROAD JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100088699341 02/19/07--01006--014 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRADWELL, JOANIE P.O. BOX 1934 QUINCY, FL 32353 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BROWDER, JENNIFER 3738 HOUSTON RD. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B 2/15/07 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <u>Joanie Bradwell</u>		2-14-07 (850)875-1869	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	