

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000026562**

1. Entity Name  
**BRADFORD PROPERTIES OF OCALA, INC.**



Principal Place of Business  
**2824 SE 30 ST.  
OCALA, FL 34471**

Mailing Address  
**2824 SE 30 ST.  
OCALA, FL 34471**



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0994784**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DINKINS, BRAD  
2824 SE 38TH STREET  
OCALA, FL 34470**

**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 reconstituting)

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**

**U00000182854  
01/19/05-80044-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME	D DINKINS, BRAD
STREET ADDRESS	2824 SE 30TH ST
CITY - ST - ZIP	OCALA, FL 34471
TITLE NAME	D DINKINS, WENDY
STREET ADDRESS	2824 SE 30 ST.
CITY - ST - ZIP	OCALA, FL 34471
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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 fees empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone #

**1/13/05 352 867 8400**