## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 19, 2006 8:00 am Secretary of State DOCUMENT # P00000094887 04-19-2006 90095 018 \*\*\*150.00 1. Entity Name BRADSHAW & SONS, INC. Mailing Address Principal Place of Business 7208 SPUR COURT 7208 SPUR COURT SARASOTA, FL 34243 SARASOTA, FL 34243 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 65-1046731 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADSHAW, T. GARY Street Address (P.O. Box Number is Not Acceptable) 7208 SPUR COURT SARASOTA, FL 34243 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change ☐ Addition Delete TITLE TITLE BRADSHAW, GARY NAME MAME STREET ADDRESS 7208 SPUR COURT STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME BRADSHAW, JEFFREY NAME 12451 NATUREVIEW CIRCLE STREET ADDRESS STREET ADDRESS BRADENTON, FL 34212 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT) F TITLE BRADSHAW, WILLIAM CHRIS NAME NAME 4301 BRANDYWINE DRIVE STREET ADDRÉSS STREET ADDRESS SARASOTA, FL 34241 CITY-ST-2IP CITY-ST-7/P ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of the corporation or the receiver or trustee empowerer changed, or on an attachment with an address, with all

CITY-ST-ZIP

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**