2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # P00000094887 04-18-2007 90187 048 ***150.00 1. Entity Name BRADSHAW & SONS, INC. Principal Place of Business Mailing Address 4000000 7208 SPUR COURT 7208 SPUR COURT SARASOTA, FL 34243 SARASOTA, FL 34243 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 15436 27TH COURT EAST 15436 27TH COURT EAST Suite, Apt. #, etc. Suite, Apt. #, etc. 04032007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For PARRISH, FL PARRISH, FL 65-1046731 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired 34219 34219 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADSHAW, T. GARY Street Address (P.O. Box Number is Not Acceptable) 7208 SPUR COURT SARASOTA, FL 34243 15436 27TH COURT EAST City PARRISH Zip Code 34219 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, Delete TITLE TITLE Addition X Change BRADSHAW, GARY NAME NAME STREET ADDRESS 7208 SPUR COURT STREET ADDRESS 15436 27TH COURT EAST CITY-ST-ZIF SARASOTA, FL 34243 CITY-ST-ZIP PARRISH, FL 34219 TITLE Delete TITLE ☐ Change ☐ Addition BRADSHAW, JEFFREY NAME NAME STREET ADDRESS 12451 NATUREVIEW CIRCLE STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BRADSHAW, WILLIAM CHRIS NAME NAME STREET ADDRESS 4301 BRANDYWINE DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34241 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 rec changed, or on an attaching all other like empowered. 4-16-07 SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #