
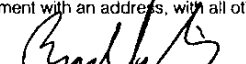


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90058 001 ***150.00

DOCUMENT # P00000103263 1. Entity Name BRADFORD DEVELOPMENT OF OCALA, INC.						
Principal Place of Business 2920 SE 29TH STREET OCALA, FL 34471			Mailing Address 2920 SE 29TH STREET OCALA, FL 34471			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				
4. FEI Number 59-3680643				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DINKINS, BRAD 2824 SE 30TH STREET OCALA, FL 34471			7. Name and Address of New Registered Agent Name BRAD DINKINS Street Address (P.O. Box Number is Not Acceptable) 2920 S.E. 29TH STREET City OCALA FL Zip Code 34471			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINKINS, BRAD 2824 SE 30TH ST OCALA, FL 34471		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINKINS, BRAD 2920 SE 29TH STREET OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINKINS, WENDY 2824 SE 30 ST. OCALA, FL 34471		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINKINS, WENDY 2920 SE 29TH STREET OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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 like empowered.						
SIGNATURE: X 			2/8/07 3528678400 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						