

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062901

FILED
Apr 30, 2009
Secretary of State

Entity Name: BRADFORD RENTALS & SALES, INC.

Current Principal Place of Business:

2111 N TEMPLE AVE
STARKE, FL 32091

New Principal Place of Business:

NONE
GRAHAM, FL 32042

Current Mailing Address:

2111 N TEMPLE AVE
STARKE, FL 32091

New Mailing Address:

P.O. BOX 193
GRAHAM, FL 32042

FEI Number: 59-3733333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARVER, JAMES W
2111 N TEMPLE AVE
STARKE, FL 32091 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARVER, JAMES W
Address: PO BOX 193
City-St-Zip: GRAHAM, FL 32042

Title: V () Delete
Name: TOWNSEND, ALLEN
Address: 2111 N TEMPLE AVE
City-St-Zip: GRAHAM, FL 32042

Title: S () Delete
Name: TOWNSEND, NANCY
Address: 2111 N TEMPLE AVE
City-St-Zip: STARKE, FL 32091

Title: T () Delete
Name: CARVER, SHERIE J
Address: P O BOX 193
City-St-Zip: GRAHAM, FL 32042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W CARVER

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date