

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031413

Entity Name: BREDEL CORPORATION

FILED  
May 31, 2007  
Secretary of State

**Current Principal Place of Business:**

PO BOX 23788  
TAMPA, FL 33623

**New Principal Place of Business:**

11 MARINER DRIVE  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

PO BOX 23788  
TAMPA, FL 33623

**New Mailing Address:**

FEI Number: 62-1535515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEALTH ADMINISTRATIVE SERVICES  
11 MARINER DR  
TARPON SPRINGS, FL 34689 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: COATES, DEBORAH R  
Address: P.O. BOX 23788  
City-St-Zip: TAMPA, FL 33623

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: COATES, BOBBY L  
Address: P.O. BOX 23788  
City-St-Zip: TAMPA, FL 33623

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: BOBBY L. COATES

DP

05/31/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date