## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # P02000072606**

1. Entity Name

L.D. BRADLEY MANAGEMENT COMPANY, INC.



FILED Jan 06, 2006 08:00 AM Secretary of State

Principal Place of Business

5773 NORMANDY BOULEVARD JACKSONVILLE, FL 32205

Mailing Address

5773 NORMANDY BOULEVARD JACKSONVILLE, FL 32205

### 

01032006

No Chg-P

CR2E034 (11/05)

4. FEI Number 02-0630140

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

JOHNS, ARNOLD J 5773 NORMANDY BOULEVARD JACKSONVILLE, FL 32205

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<ol> <li>The above named entity submits this statement for the purpose of changing its registered office of re the obligations of registered agent.</li> </ol>	egistered agent, or both, in the State of Florida. I am familiar with, and accept
the designation of regional against	
SIGNATURE	DATE

#### File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. D MILE JOHNS, ARNOLD J NAME **5773 NORMANDY BOULEVARD** STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32205 D TITLE NAME JENKINS, RICHARD J 5773 NORMANDY BOULEVARD STREET ADDRESS JACKSONVILLE, FL 32205 CCTY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-78P TITLE NUME STREET ADDRESS

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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:

CITY-SY-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY - ST - ZIP

Broole of John

ARNOW J. Johns 01/03/06 904-786-6400