

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90070 045 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000100395

1. Entity Name
BRADLEY CONSULTING GROUP, INC.



Principal Place of Business
**657 SOUTH DRIVE
MIAMI SPRINGS, FL 33166**

Mailing Address
**657 SOUTH DRIVE
MIAMI SPRINGS, FL 33166**

20017356



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

33-1026912

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SILVER, MORTON H
24000 TENNESSEE ROAD
HOMESTEAD, FL 33031**

7. Name and Address of New Registered Agent

Name **Phillip S. Bradley**
Street Address (P.O. Box Number is Not Acceptable)
657 SOUTH DRIVE

City **Miami Spring**

FL

Zip Code
33166

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 **Phil Bradley** **President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BRADLEY, PHILLIP**
STREET ADDRESS **657 SOUTH DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE **D** ☐ Delete
NAME **BRADLEY, ELMER S**
STREET ADDRESS **657 SOUTH DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Phil Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/05 **305**
885-4401

Date

Daytime Phone #