


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000033602 1. Entity Name BRADFORD PARK, INC.	
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Principal Place of Business 8902 N. DALE MABRY HWY. 111 TAMPA, FL 33614	Mailing Address 8902 N. DALE MABRY HWY. 111 TAMPA, FL 33614
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03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2670711	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ZOHAR, DAVID 8902 N. DALE MABRY HWY. 111 TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	P ZOHAR, DAVID 8902 N. DALE MABRY HWY. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAMELA A. JOHNSON, 111 HICKORY CREEK BLVD. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. ZOHAR, DAVID 8902 N. DALE MABRY HWY. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000289449
04/06/05-80025-025 150.00

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: Pamela A. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05
Date

813-689-0113
Daytime Phone #