

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90070 042 ***150.00

DOCUMENT # P03000109133

1. Entity Name
BRADFORD PRE-SCHOOL AND LEARNING CENTER,
INC.



Principal Place of Business
407 W WASHINGTON ST
STARKE, FL 32091

Mailing Address
407 W WASHINGTON ST
STARKE, FL 32091



03202007 No Chg-P CR2E034 (11/05)

4. FCI Number
05-0590253

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COOPER, JOHN S
100 W CALL ST
STARKE, FL 32091

**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 _____

Signature (typed or printed name of registered agent and the typed name)

Signature (typed or printed name of registered agent and the typed name)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<i>Linda Bryant</i>
NAME	BRYANT, LINDA	
STREET ADDRESS	407 W WASHINGTON ST	
CITY ST ZIP	STARKE, FL 32091	
TITLE	D	<i>Roy E. Bryant</i>
NAME	BRYANT, ROY	
STREET ADDRESS	407 W WASHINGTON ST	
CITY ST ZIP	STARKE, FL 32091	
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**

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 a power of attorney.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda S. Bryant Linda S. Bryant

4-23-07

(904)964-436