

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

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**



03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 05-0590253	Applied For ☐ Not Applied
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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 qualifications of registered agent.

SIGNATURE *John Cooper*
Signature of the person making the statement and accepting responsibility for the accuracy of the information provided.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

1000000899232

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRYANT, LINDA
STREET ADDRESS	407 W WASHINGTON ST
CITY, ST, ZIP	STARKE, FL 32091
TITLE	D
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	

04/28/08-80031-001 150.00

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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 letter like empowered.

SIGNATURE: *Linda Bryant* - Linda Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR