

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90061 003 \*\*\*150.00

**DOCUMENT # P04000062497**

1. Entity Name  
**BARDSON, INC.**



Principal Place of Business  
**3536 SHADOWOOD DRIVE  
VALRICO, FL 33594**

Mailing Address  
**3536 SHADOWOOD DRIVE  
VALRICO, FL 33594**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



07182005 Chg-P CR2E034 (10/03)

4. FEI Number  
**200935360**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BARDELL, MICHAEL W  
3536 SHADOWOOD DRIVE  
VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BARDWELL, MICHAEL W**  
STREET ADDRESS **3536 SHADOWOOD DRIVE**  
CITY - ST - ZIP **VALRICO, FL 33594**

TITLE **D** ☐ Delete  
NAME **BARDWELL, SHIRLEY**  
STREET ADDRESS **3536 SHADOWOOD DRIVE**  
CITY - ST - ZIP **VALRICO, FL 33594**

TITLE **D** ☐ Delete  
NAME **ROBINSON, ANGELA**  
STREET ADDRESS **2606 SABLEWOOD DRIVE**  
CITY - ST - ZIP **VALRICO, FL 33594**

TITLE **D** ☐ Delete  
NAME **ROBINSON, JOHN**  
STREET ADDRESS **2606 SABLEWOOD DRIVE**  
CITY - ST - ZIP **VALRICO, FL 33594**

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  
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STREET ADDRESS  
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NAME  
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CITY - ST - ZIP

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: **John Robinson** *John Robinson* **7/31/05 813-767-9376**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR