

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90018 019 ***150.00

DOCUMENT # P04000069323

1. Entity Name
BRADFORD CHARTER, INC.



Principal Place of Business
**100 W. PLANT STREET
WINTER GARDEN, FL 34787**

Mailing Address
**100 W. PLANT STREET
WINTER GARDEN, FL 34787**

40007982



2. Principal Place of Business

3. Mailing Address

PO Box 771547

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005

Chg-P

CR2E034 (10/03)

City & State

City & State

WINTER GARDEN FL

4. FEI Number

20-1016925

Applied For

Not Applicable

Zip

Country

Zip

Country

34777

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASMA, WILLIAM N P.A.
884 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787**

Name

M. WADE BRADFORD

Street Address (P.O. Box Number is Not Acceptable)

100 W. PLANT ST

City

WINTER GARDEN

FL

Zip Code

34787

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 reinstalling)

DATE

M. WADE BRADFORD

01/25/05

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BRADFORD, WADE**
STREET ADDRESS **PO BOX 771547**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. WADE BRADFORD

Date

Daytime Phone #

01/25/05 407-656-6397