

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90324 011 ***150.00

DOCUMENT # P04000153073	
1. Entity Name BRADFORD B. REDDICK, P.A.	

Principal Place of Business 5271 STRATFORD CT CAPE CORAL, FL 33904	Mailing Address 5271 STRATFORD CT CAPE CORAL, FL 33904
--	--

50037640



2. Principal Place of Business		3. Mailing Address 1318 Lafayette St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Cape Coral, FL	
Zip	Country	Zip	Country
33904		33904	USA

04142005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1860540** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
---	--

7. Name and Address of New Registered Agent	
Name Reddick, Bradford B.	
Street Address (P.O. Box Number is Not Acceptable)	
5271 Stratford Ct.	
City Cape Coral	Zip Code 33904

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: *Bradford B. Reddick* (NOTE: Registered Agent signature required when reinstating) DATE: **4-14-05**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD REDDICK, BRADFORD B 5271 STRATFORD CT CAPE CORAL, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Bradford B. Reddick* Date: **4-14-05** Daytime Phone #