

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-04-2007 90188 015 ***150.00

DOCUMENT # P05000105833

1. Entity Name

BARDMOOR VILLAS INC.



Principal Place of Business

**1135 S PASADENA AVE SUITE 208
ST PETERSBURG FL 33707**

Mailing Address

**1135 S PASADENA AVE SUITE 208
ST PETERSBURG FL 33707**



2. Principal Place of Business - No P.O. Box #

AS ABOVE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **20-3486743**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

**KRUG, ROBERT
4010 BOY SCOUT BLVD SUITE 590
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

KEITH J BREADING

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

1135 PASADENA AV S

#208

City

ST PETERSBURG

FL

Zip Code

33707

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

KEITH JAMES BREADING

03-16-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BREADING, KEITH J**
STREET ADDRESS **1135 S PASADENA AVE SUITE 208**
CITY-STATE-ZIP **ST PETERSBURG FL 33707**

TITLE **D** ☐ Delete
NAME **BREADING, LENA D**
STREET ADDRESS **1135 S PASADENA AVE SUITE 208**
CITY-STATE-ZIP **ST PETERSBURG FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH JAMES BREADING

03-16-07

727 743 512

Date

Daytime Phone #