2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90190 031 ***150.00

DOCUMENT # P05000105833

1. Entity Name
BARDMOOR VILLAS INC.

Principal Place of Business	Mailing Address
1135 S PASADENA AVE SUITE 208 ST PETERSBURG, FL 33707	1135 S PASADENA AVE SUITE 208 ST PETERSBURG, FL 33707

04092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5304 1ST AVE N	5304 1ST AVE N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St PETERSBURG F	City & State: St PETERSBURG F
Zip: 33710 Country: USA	Zip: 33710 Country: USA

4. FEI Number: 20-3486743 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BREADING, KEITH J
1135 PASADENA AVE S
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name: BREADING KEITH J
Street Address (P.O. Box Number is Not Acceptable): 5304 1ST AVE N
City: ST PETERSBURG FL Zip Code: 33710

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] 04.11.08
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
After May 1, 2008 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	D BREADING, KEITH J 1135 S PASADENA AVE SUITE 208 ST PETERSBURG, FL 33707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition same 5304 1ST AVE N ST PETERSBURG FL 33710
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREADING, LENA D 1135 S PASADENA AVE SUITE 208 ST PETERSBURG, FL 33707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition same 5304 1ST AVE N ST PETERSBURG FL 33710
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 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 all other like empowered.

SIGNATURE: [signature] 04.11.08 727 321 6007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #