## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P05000133548** LORI ANN BRADLEY, INC. Principal Place of Business 40035985 Mailing Address 121 GULF BRIDGE LANE POST OFFICE BOX 611543 SANTA ROSA BEACH, FL 32459 ROSEMARY BEACH, FL 32461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-P CR2E034 (11/05) 4 FEI Number 3539768 Applied For City & State City & State Not Applicable Zip Country Z'n Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRY, AMY A Street Address (P.O. Box Number is Not Acceptable) 4477 LEGENDARY DRIVE **SUITE 202** DESTIN, FL 32541 City 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 this if applicable. (NOTE: Flegistered Agent eigneture required when refreshring) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11 IIILE TITLE ☐ Delete ☐ Channe Maddition NAME BRADLEY, LORI A NAME STREET ADDRESS POST OFFICE BOX 611543 STREET ADDRESS CITY-ST-ZIP ROSEMARY BEACH, FL 32461 CITY-ST-78P Deteta TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition T Chance TITLE S ☐ Defete ₩F NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-70° MILE Delete TOLE ☐ Change Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CXTY-ST-ZIP ☐ Change Addition TITLE Delete THLE MAARE MAME STREET ADDRESS STREET ADDRESS CITY-57-27 CITY-ST-7IP ☐ Change ☐ Addition MIF Defeta TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 cath; 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. <del>050</del>685-1*088* 06 SIGNATURE:

**FILED** 

Mar 22, 2006 8:00 am Secretary of State

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