2007 FOR PROFIT CORPORATION

Mar 21, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P06000029729** 03-21-2007 90037 037 ***158.75 BRADLEY'S REALTY, INC. Principal Place of Business Mailing Address 8825 PERIMETER PARK BOULEVARD 8825 PERIMETER PARK BOULEVARD 60026338 **SUITE #403 SUITE #403** JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 CR2E034 (12/06). City & State City & State 4. FEI Number Applied For a20 - 439 3 448 Not Applicable Zip Country Zip 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 Name BRADLEY, LEE A SR 8825 PERIMETER PARK BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **SUITE #403** JACKSONVILLE, FL 32216 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT TITLE ☐ Delete TITLE **X** Change Addition BRADLEY, LEE A. SR. BRADLEY, LEE A SR NAME NAME 912 SOUTH FOREST CREEK DRIVE 8825 PERIMETER PARK BLVD., SUITE 403 STREET ADDRESS STREET ADDRESS ST AUGUSTINE, FL 32092 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 30216 TITLE ☐ Delete ☐ Change ☐ Addition NEMETH, DAVID A NAME NAME STREET ADDRESS 2139 THE WOODS DRIVE EAST STREET ADDRESS JACKSONVILLE, FL 32246 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME

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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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: