

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102258

FILED  
May 01, 2008  
Secretary of State

Entity Name: LYMAN S. BRADFORD IV, P.A.

## Current Principal Place of Business:

6901 OKEECHOBEE BOULEVARD  
SUITE J16  
WEST PALM BEACH, FL 33411

## New Principal Place of Business:

120 S. OLIVE AVE.  
SUITE 705  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

6901 OKEECHOBEE BOULEVARD  
SUITE J16  
WEST PALM BEACH, FL 33411

## New Mailing Address:

120 S. OLIVE AVE.  
SUITE 705  
WEST PALM BEACH, FL 33401

FEI Number: 56-2603552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRADFORD, LYMAN S IV  
6901 OKEECHOBEE BOULEVARD  
SUITE J16  
WEST PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

BRADFORD, LYMAN S IV  
120 S. OLIVE AVE.  
SUITE 705  
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE:

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRADFORD, LYMAN S IV  
Address: 6901 OKEECHOBEE BOULEVARD, SUITE J16  
City-St-Zip: WEST PALM BEACH, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BRADFORD, LYMAN S IV  
Address: 120 S. OLIVE AVE., SUITE 705  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYMAN S. BRADFORD IV

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date