


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P33618</b>	
1. Entity Name W.C. BRADLEY CO.	

Principal Place of Business 1017 FRONT AVE. COLUMBUS, GA 31901 US	Mailing Address P.O. BOX 140 COLUMBUS, GA 31902-0140
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1605660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-election)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BUTLER, STEPHEN T 1017 FRONT AVE. COLUMBUS, GA 31901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO TURNER, WILLIAM B JR. 1017 FRONT AVE. COLUMBUS, GA 31901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WRIGHT, ROBERT H JR. 1017 FRONT AVE. COLUMBUS, GA 31901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FOWLER, RICHARD W 1017 FRONT AVE. COLUMBUS, GA 31901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO YATES, WILLIAM G 1017 FRONT AVE COLUMBUS, GA 31901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/07-80055-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Richard W. Fowler 1/4/07 706 571 6050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #