



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90229 043 ***150.00

DOCUMENT # P93000003480					
1. Entity Name HARRY BRADFORD INSURANCE, INC.					
Principal Place of Business POST OFFICE BOX 130 BRONSON, FL 32621			Mailing Address POST OFFICE BOX 130 BRONSON, FL 32621		
2. Principal Place of Business - No P.O. Box # 18350 NE 86 th LANE Suite, Apt. #, etc.		3. Mailing Address 18350 NE 86 th LANE Suite, Apt. #, etc.			
City & State WILLISTON, FL		City & State WILLISTON, FL		4. FEI Number 59-3163644	
Zip 32696		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADFORD, HARRY FARM BUREAU BLDG. HIGHWAY ALT. 27 BRONSON, FL 32621			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18350 NE 86 th LANE City WILLISTON FL Zip Code 32696		
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 <u>(Harry Bradford)</u> DATE <u>4/24/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADFORD, HARRY U.S. ALT. 27 BRONSON, FL 32621	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRY BRADFORD 18350 NE 86 th LANE WILLISTON, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
SIGNATURE: <u>(Signature)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/24/07</u> Daytime Phone # <u>32538 7818</u>		