2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 8:00 am Secretary of State

DOCUMENT # P9400031355 1. Entity Name BRADLEY-JOHNSON BUILDING, CORP.						01-11-2007 90048 033 ***150.00					
Principal Place 225 E PARK LAKE WALES,	AVE	Mailing Address 225 E PARK AVE LAKE WALES, FL 33853				1 14 8 11 8 8 1 11 8			IN NA (1) A (1) A (1) A (1) A (1)	 	
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			01092007	Chg-P	CR2E	034 (12/06)		
City & State	3	City & State	City & State			4. FEI Numbe 59-324			ļ .	optied For ot Applicable	
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
WILLIAMS, ROBERT L MR. 225 E PARK AVE : LAKE WALES, FL : 33853					Name D. Andrew Hunt Street Address (P.O. Box Number is Not Acceptable) 225 E. Park Avenue						
Her Comment of the Co				City Lake Wales				FL	Zig 58	53	
	named entity submits this statementions of registered agent. Signature, typed or printed name of registered ag	<u></u>		ed office ar r	register		th, in the State of Flo	orida. I am			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$55			noing		.00 May Be ed to Fees				M. L. S.	
10.		ND DIRECTORS	11.		D/P	ADDITIONS/	CHANGES TO OFFI	ICERS ANI			
NAME STREET ADDRESS CITY-ST-ZIP	P HUNT, D. ANDREW MR. 225 E PARK AVE LAKE WALES, FL 33853	☐ Defete		E ET ADDRESS	D. 2 225	Andrew H E. Park e Wales,	unt Avenue FL 33853		⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROBERT L JR 225 E PARK AVE LAKE WALES, FL 33853	☑ Delete		1					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MARK H 225 E PARK AVE LAKE WALES, FL 33853	☐ Delete		ET ADDRESS	225	k H. Smi E. Park	th Avenue FI, 33853		₩ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERRY, CLAY A 225 E PARK AVE LAKE WALES, FL 33853	⊠ Delete		£					☐ Change	☐ Addition	
FILLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete		1					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	ME EET ADDRESS 7-ST-ZIP					Change	☐ Addition	
indicated of the co	certify that the information supplied on this report or supplemental report reporation or the receiver or trustee e , or on an attachment with an addre	ort is true and accurate and that moowered to execute this repo	t my signa irt as requi	dure chall ha	ave the	same legal etter	et as if made under i	oatn: that I	i am an office	ir or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _