


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P98000101068</b> 1. Entity Name <b>PAUL R. BRADSHAW, P.A.</b>						<b>FILED</b> <b>08 FEB 14 PM 2:01</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1345 DUPONT ROAD</b> <b>HAVANA, FL 32333</b>				Mailing Address <b>P.O. BOX 10570</b> <b>TALLAHASSEE, FL 32302</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-3545795</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BRADSHAW, PAUL R</b> <b>1345 DUPONT ROAD</b> <b>HAVANA, FL 32333</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADSHAW, PAUL R <del>1345 DUPONT RD</del> HAVANA, FL 32333			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1345 Dupont Road	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900119107769 02/29/08--01012--014 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 reports 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.							
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date				Daytime Phone #			

2/2/14