


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90172 007 ***150.00

| | | | | | |
|--|--|---------|---|--|--|
| DOCUMENT # S44906 1. Entity Name RONALD L. BRADBURY PLUMBING CO., INC. | | | |  | |
| Principal Place of Business 1692 DOLORES DR KISSIMMEE FL 34746 US | | | Mailing Address 1692 DOLORES DR KISSIMMEE FL 34746 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-3071565 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRADBURY, RONALD 4516 YORKSHIRE LN KISSIMMEE FL 34758 | | | | 7. Name and Address of New Registered Agent Name BRADBURY, RONALD L. Street Address (P.O. Box Number is Not Acceptable) 39736 COUNTY ROAD 452 City LEESBURG | |
| 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 obligation of registered agent. | | | | Applied For <input type="checkbox"/> Not Applicable | |
| SIGNATURE: <i>Register Office Address (Above) is the same</i> <small>Signature, typed or printed name of registered agent and title, if applicable</small> | | | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BRADBURY, RONALD L. 4516 YORKSHIRE LN KISSIMMEE FL | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| DP BRADBURY, RONALD L. 4516 YORKSHIRE LN KISSIMMEE FL | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSTV BRADBURY, CATHERINE A 4516 YORKSHIRE LN KISSIMMEE FL | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| DSTV BRADBURY, CATHERINE A 4516 YORKSHIRE LN KISSIMMEE FL | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| (Empty) | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| (Empty) | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| (Empty) | | | | <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 Section 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: <i>Catherine A Bradbury</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 02/20/06 407-847-7973 <small>Date Daytime Phone #</small> | |