


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90202 005 \*\*\*150.00

**DOCUMENT # F04000003747**

1. Entity Name  
**E. JEFFREY BRADFORD GROUP, INC.**



Principal Place of Business: **649 FIFTH AVENUE SOUTH SUITE 208 NAPLES, FL 34102**

Mailing Address: **75 MILFORD ROAD SUITE 201 HUDSON, OH 44236**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: **4201 Congress Street**

City & State: **Charlotte, NC**

4. FEI Number: **34-1717630**

Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

0000011



02162006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: \_\_\_\_\_ **FL** 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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	BROOMFIELD, DONALD A	
STREET ADDRESS	7511 WOODSPRING LANE	
CITY-ST-ZIP	HUDSON, OH 44236	
TITLE	V	<input type="checkbox"/> Delete
NAME	REAM, LANCE R	
STREET ADDRESS	71 DIVISION STREET	
CITY-ST-ZIP	HUDSON, OH 44236	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELLIS, STEPHEN C	
STREET ADDRESS	4730 SHERWIN ROAD	
CITY-ST-ZIP	WILLOUGHBY, OH 44094	
TITLE	C	<input type="checkbox"/> Delete
NAME	HOUSE, E. MICHAEL	
STREET ADDRESS	6610 ESTERO BOULEVARD	
CITY-ST-ZIP	FT MYERS BEACH, FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ream, Lance R	
STREET ADDRESS	2228 Mirow Place	
CITY-ST-ZIP	Charlotte, NC 28270	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Tom R. Ream, Treasurer

4/27/06

704-887-6709