


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 367193
 1. Entity Name
OLD BRIDGE PARK CORPORATION



Principal Place of Business
**6605 SW 109TH STREET
 MIAMI FL 33156**

Mailing Address
**P.O. BOX 2547
 FT MYERS FL 33902
 US**



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

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

4. FEI Number **59-1353499** Applied For Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**SUNSTROM, WILLIAM
 2548 BLAIRSTONE PINES DR.
 TALLAHASSEE FL 32303**

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 re-registering) 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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C <input type="checkbox"/> Delete	NAME SCHENKMAN, JACK STREET ADDRESS 6605 SW 109 ST. CITY-ST-ZIP MIAMI FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST <input type="checkbox"/> Delete	NAME SCHENKMAN, MIRIAM STREET ADDRESS 6605 SW 109TH STREET CITY-ST-ZIP MIAMI, FL 00000	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP <input type="checkbox"/> Delete	NAME SCHENKMAN, MICHAEL STREET ADDRESS 6605 SW 109TH STREET CITY-ST-ZIP MIAMI, FL 00000	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P <input type="checkbox"/> Delete	NAME SCHENKMAN, JOEL STREET ADDRESS 6605 SW 109 ST CITY-ST-ZIP MIAMI FL	TITLE	<input 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 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:  Joel Schenkman, Chairman

3/2/06

207-543-1005