

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002467

1. Entity Name
BRIDGES.COM CO.



Principal Place of Business
**3770 HOWARD HUGHES PKWY #195
LAS VEGAS, NV 89109-0940**

Mailing Address
**33637 B HWY 97 NORTH
OROVILLE, WA 98844**



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-2038702

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000060928
02/23/04-80058-024 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
MANNING, DOUGLAS J
7B-1404 HUNTER COURT
KELOWNA, BC, CANADA V1X 6E6,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
WALKER, JOHN B
7B-1404 HUNTER COURT
KELOWNA, BC, CANADA V1X 6E6,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVP
MONTGOMERY, PATT
7B-1404 HUNTER COURT
KELOWNA, BC, CANADA V1X 6E6,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARY, COLIN
11808 MORTHUP WAY, STE. 240
BELLEVUE, WA 980051922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
LANG, JUDY
7B-1404 HUNTER COURT
KELOWNA, BC, CANADA VIX 6E6,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY LANG

2/12/04

Date

250-869-4312

Daytime Phone #