

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90005 012 ***150.00

DOCUMENT # P99000076361	
1. Entity Name BRIDGEWAY RESORT VACATIONS, INC.	

Principal Place of Business 6 MAN-O-WAR CT CALEDON EAST ONTARIO,	Mailing Address %N. CURTIS 3055 CARDINAL DRIVE #202 VERO BEACH, FL 32963
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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

01112008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0955332	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CURTIS, NED 3055 CARDINAL DRIVE #202 VERO BEACH, FL 32963	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRIEDIGER, RON 6 MAN-O-WAR CT CALDEN EAST ONTARIO, ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Carol Tobin-Lawlor & Norton, McMullen & Co. One Valleywood Drive, Suite 200 Markham, Ontario, Canada L3R 5L9 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 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: Ned Curtis (Registered Agent) 1/11/08 772-234-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #