

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 299458

1. Entity Name
THE BRIDGES IV, INC.



Principal Place of Business
**3500 SW CORPORATE PARKWAY
PALM CITY, FL 34990**

Mailing Address
**3500 SW CORPORATE PARKWAY
PALM CITY, FL 34990**



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1160776

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SABIN, CHARLES H
3500 SW CORPORATE PARKWAY
PALM CITY, FL 34990**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U000000688134
04/10/07-80068-003 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIDGES, JAY RT 3, BOX 469 JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD CHANDLER, ERNEST S JR RT 3 BOX 111 JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROOKS, ASHLEY T 2383 S.W. ARCHER RD. GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SABIN, CHARLES H 3500 SW CORPORATE PARKWAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:

Charles H. Sabin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #