

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90312 001 ***150.00

DOCUMENT # 299522 1. Entity Name BRIDGEHAMPTON INC.					
Principal Place of Business 801 N. OCEAN BOULEVARD DELRAY BEACH FL 33483			Mailing Address 801 N. OCEAN BOULEVARD DELRAY BEACH FL 33483		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1159154 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent BALKERANO, JAMES A JR 1201 GEROGE BUSH BLVD. DELRAY BEACH FL 33483			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revesting) 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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ROSS, ALTHEA 801 N. OCEAN BLVD. APT. 2 DELRAY BEACH FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ☐ Delete FLINN, MICHAEL 801 N OCEAN BLVD DELRAY BCH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / TREASURER ☒ Change ☐ Addition DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete CONDIE PARKER 801 N. OCEAN BLVD. APT. 10 DELRAY BEACH FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ☐ Delete COPPEDGE, ROY F. 801 N. OCEAN BLVD DELRAY BCH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete SMITH, MARCUS 801 N OCEAN BLVD #5 DELRAY BEACH FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition	
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 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: <u>Marcus Smith</u> MARCUS SMITH 4-13-06 56' 274 8963 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					