


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 26, 2008 8:00 am**  
**Secretary of State**

08-26-2008 90001 046 \*\*\*550.00

**DOCUMENT # F0000006131**

1. Entity Name  
**BRIDGE-LOGOS PUBLISHING, INC.**



Principal Place of Business 5850 T G LEE BLVD SUITE 300 ORLANDO, FL 32822 US	Mailing Address 5850 T G LEE BLVD SUITE 300 ORLANDO, FL 32822 US
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40114000



2. Principal Place of Business - No P.O. Box # <b>17750 NW 115<sup>th</sup> AVENUE</b>	3. Mailing Address <b>17750 NW 115<sup>th</sup> AVENUE</b>
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Suite, Apt. #, etc. <b>BUILDING 200 - SUITE 220</b>	Suite, Apt. #, etc. <b>BUILDING 200 - SUITE 220</b>
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07302008 Chg-P CR2E034 (12/06)

City & State <b>ALACHUA, FLORIDA</b>	City & State <b>ALACHUA, FLORIDA</b>
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4. FEI Number <b>22-3393056</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32615</b>	Country <b>USA</b>	Zip <b>32615</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent <b>BRIDGE-LOGOSPUBLISHERS</b> 5850 TG LEE BLVD SUITE 300 ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name <b>BRIDGE-LOGOS PUBLISHERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>17750 NW 115<sup>th</sup> AVENUE</b> <b>BUILDING 200 - SUITE 220</b> City <b>ALACHUA</b> <b>FL</b> Zip Code <b>32615</b>	
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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 Lloyd B. Hildebrand Lloyd B. Hildebrand 08.25.08  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

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	PCD MORRELL, CATHERINE F 3 THE FARRIERS, SEDGE BERROW EVESHAM, WORCS, UK WR117UY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADO BECKER, LAURA L 1546 TRUMBULL ST KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADO BECKER, LAURA L. 446 SW COLES COURT FORT WHITE, FL 32038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADO BECKER, STEPHEN A 1546 TRUMBULL STREET KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADO BECKER, STEPHEN A. 446 SW COLES COURT FORT WHITE, FL 32038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GO COMFORT, RAY 10328 MIDWAY STREET BELLFLOWER, CA 90706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GO KEEFAUVER, LARRY 105B BLACK MOUNTAIN AVE. BLACK MOUNTAIN, NC 28711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HILDEBRAND, LLOYD B. 199 SW BLUE JAY COURT FORT WHITE, FL 32038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Lloyd B. Hildebrand Lloyd B. Hildebrand 08.25.08 386.462.2525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #