2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # L79129 1. Entity Name BRIDGE BUILDERS, INC. Principal Place of Business ___ Mailing Address 2411-1ST AVE N. PO BOX 76299 SAINT PETERSBURG, FL 33713 US ST PETERSBURG, FL 33734 03022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3012581 Not Applicable \$8.75 Additional The state of the s 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EATON, CHRISTOPHER C. DO NOT WRITE 833 OAK ST NE ST PETERSBURG, FL 33701 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPTS TITLE EATON, CHRISTOPHER NAME STREET ADDRESS 833 OAK STNE ST PETERSBURG, FL 33701 CITY-ST-ZIP TITLE NAME U00000291149 STREET ADDRESS 04/07/05-80018-012 150.00 City-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statules. I further certify that the information of is true and socurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director impowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental rep of the corporation or the receiver or to changed, or on an attachment with a

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED