2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000009333



Sulfs, Apt. #, 6fc. Sulfs, Apt. #, efc. Cry & State Country Screen Address of Status Desired Street Address of Status Desired Street Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Crity FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Crity FL Zip Code Crity		L BRIDGE RANCH HOME(ATION, INC.								
Suite Apil #, 8to Applied for Applied	213 CREST S	STREET	213 CREST STREET	301	,		IB BANII BBNI BBNI BI	NIM BURN BURIN I	DIOR IMPO HIRO	
City & State	Principal Place of Business - No P.O. Box # 3. Mailing Address									
2. Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07152008	Chg-NP	CR2E0	37 (12/06)	
S. Certificate of Status Desired Fee Required F	City & Stat	е	City & State				74	••	\vdash	·
FOSTER, KENNETH W 213 CREST STREET TALLAHASSEE, FL 32301 City FL Zip Code	Złp	Country	Zip	Country		5. Certificate of	Status Desired			
FOSTER, KENNETH W 213 CREST STREET TALLAHASSEE, FL 32301 City FL Zip Code		6. Name and Address of Current	t Registered Agent	Nama		7. Name and Ac	Idress of New	Registered	Agent	
TALLAHASSEE, FL 32301 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida Department of State I application. City St. 2P	FOSTER,	KENNETH W								
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, lipsed or protect harve of registered agent and bite if applicable. (NOTE Registered Agent Signature required aren refusatory) DATE				Street A	ddress (P	.O. Box Number is	s Not Acceptab	le)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, liped or printed name of ingistered agent and site 3 applicable. (NOTE: Registered Agents signature requires when reinfalancy) DATE				City				FI	Zip Co	de
SIGNATURE Filling Foe is \$61.25 P. Election Campaign Financing Trust Fund Contribution. Added to Foes Make check payable to Florida Department of State			or the purpose of changing it	s registered office or	r registere	d agent, or both, i	in the State of F		familiar with	, and accept
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE P	SIGNATURE		_							
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NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 ITILE VP GRING, TERRY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 ITILE S GRING, MELISSA STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 ITILE S GRING, MELISSA STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 ITILE TALLAHASSEE, FL 32311 ITILE S GRING, MELISSA STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 ITILE TALLAHASSEE, FL 32311 ITILE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 ITILE TALLAHASSEE, FL 32311 ITILE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 ITILE TALLAHASSEE, FL	D	Filing Fee is \$61.25	9. Election Ca	ampaign Financing		\$5.00 May Be	f .	Make chec		
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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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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:

FILED Aug 12, 2008 8:00 am Secretary of State 08-12-2008 90024 047 ****61.25