

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90058 008 \*\*\*\*61.25

**DOCUMENT # N98000004808**

1. Entity Name

**EARTHBRIDGE INC.**



Principal Place of Business

**2933 MILTON AVE  
9-A  
MARIANNA FL 32448**

Mailing Address

**P.O. BOX 5786  
MARIANNA FL 32447**

**40009043**



1st MOORE

CR2E037 (10/04)

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

**43-1761591**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDRESS, TERRY  
3408 TWIN PONDS ROAD  
MARIANNA FL 32448**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **MT**  
STREET ADDRESS **SUNNY MUNDY, DONNA JEAN**  
CITY-ST-ZIP **2933 MILTON AVE #9-A  
MARIANNA FL 32448**

TITLE ☐ Change ☒ Addition  
NAME **Michelle Reid**  
STREET ADDRESS **6B Cottage Court**  
CITY-ST-ZIP **FRANKLIN MA 02038**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **BANKS-MUELLER, PAUL**  
CITY-ST-ZIP **279 ELLSWORTH RD  
PETOSKEY MI 49770**

TITLE ☐ Change ☒ Addition  
NAME **Rodney E Cook**  
STREET ADDRESS **23 Beach Rd #B5**  
CITY-ST-ZIP **SALISBURY MA 01952**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **O'BRIEN, GENEVA**  
CITY-ST-ZIP **210 OLD PINOOK RD  
PAIGE TX 78659**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TR**  
STREET ADDRESS **ADAMS, HOWARD**  
CITY-ST-ZIP **105 SO. FULLER  
INDEPENDENCE MO 64050**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RICHARDSON, BOB**  
CITY-ST-ZIP **836 STATE HWY  
GALENA MO 65656**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **EVERHART, DUANE**  
CITY-ST-ZIP **5831 ALTON RD  
WILSON NC 27893**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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:

*Donna Jean Sunny Mundy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-26-05**

**850-482-6174**

Date

Daytime Phone \*1-7 PM