## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 07, 2008 08:00 A Secretary of State **DOCUMENT # P00000053778** 1. Entity Name THE BRUCE GROUP, INC. The state of the second of the second of Principal Place of Business Mailing Address 810 BAMBOO LANE 810 BAMBOO LANE DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 01242008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1014979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JARVIS, BRUCE R DO NOT WRITE 810 BAMBOO LANE DELRAY BEACH, FL 33483 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) U00000819386 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/ĪŠŽŌŠ-8ŌŌŠĪ-005 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PSVT TITLE JARVIS, BRUCE R NAME 810 BAMBOO LANE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE JARVIS, BRUCE R NAME STREET ADDRESS 810 BAMBOO LANE CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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:				
	DANNAME AND	PPPD OF PRINTED N	AME OF SIGNING OFFICER	OR DIRECTO

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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