


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # P01000049200**

1. Entity Name  
**BRIDE AND GROOM, INC.**



FILED  
2008 APR 30 AM 7:51

Principal Place of Business <b>1334 N MONROE ST TALLAHASSEE FL 32303 US</b>	Mailing Address <b>P O BOX 12131 TALLAHASSEE FL 32317 US</b>
--	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number <b>59-3618911</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SIMPSON, CLYDE B  
217 WILLOW POND RD  
MONTICELLO FL 32344**

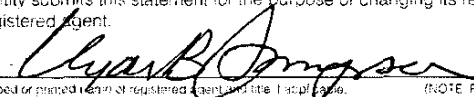
**7. Name and Address of New Registered Agent**

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:  DATE: **April 29, 2008**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>P</b> <b>SIMPSON, CLYDE B</b> <b>398 WILLOW POND RD</b> <b>MONTICELLO FL 32344</b></td> <td style="width: 50%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td><b>V</b> <b>SIMPSON, DIANE</b> <b>217 WILLOW POND RD</b> <b>MONTICELLO FL 32344</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> </table>	<b>P</b> <b>SIMPSON, CLYDE B</b> <b>398 WILLOW POND RD</b> <b>MONTICELLO FL 32344</b>	<input type="checkbox"/> Delete	<b>V</b> <b>SIMPSON, DIANE</b> <b>217 WILLOW POND RD</b> <b>MONTICELLO FL 32344</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
<b>P</b> <b>SIMPSON, CLYDE B</b> <b>398 WILLOW POND RD</b> <b>MONTICELLO FL 32344</b>	<input type="checkbox"/> Delete												
<b>V</b> <b>SIMPSON, DIANE</b> <b>217 WILLOW POND RD</b> <b>MONTICELLO FL 32344</b>	<input type="checkbox"/> Delete												
	<input type="checkbox"/> Delete												
	<input type="checkbox"/> Delete												
	<input type="checkbox"/> Delete												
	<input type="checkbox"/> Delete												

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>200127415322</b> <b>04/30/08--01049--003</b> <b>**150.00</b></td> <td style="width: 50%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	<b>200127415322</b> <b>04/30/08--01049--003</b> <b>**150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>200127415322</b> <b>04/30/08--01049--003</b> <b>**150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
	<input type="checkbox"/> Change <input type="checkbox"/> Addition												

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: **April 29, 2008** 850-228-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #