

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049200

Entity Name: BRIDE AND GROOM, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1334 N MONROE ST
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

96 WILLOW POND RD.
MONTICELLO, FL 32344 US

Current Mailing Address:

P O BOX 12131
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3618911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMPSON, CLYDE B
Address: 398 WILLOW POND RD
City-St-Zip: MONTICELLO, FL 32344 US

Title: V () Delete
Name: SIMPSON, DIANE
Address: 217 WILLOW POND RD
City-St-Zip: MONTICELLO, FL 32344 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMPSON, CLYDE B
Address: 217 WILLOW POND RD.
City-St-Zip: MONTICELLO, FL 32344 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE B. SIMPSON

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date