
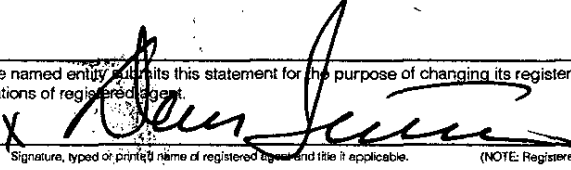
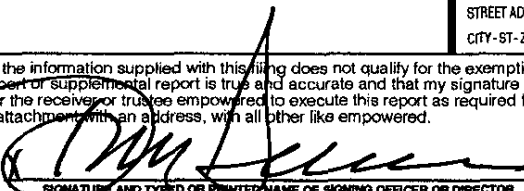


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90385 029 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000087438			
1. Entity Name OLD BRIDGE VILLAGE, INC.			
Principal Place of Business 300 BAY DRIVE SOUTH BRADENTON BEACH, FL 34217		Mailing Address 300 BAY DRIVE SOUTH BRADENTON BEACH, FL 34217	
2. Principal Place of Business 115 Third Street South Suite, Apt. #, etc.		3. Mailing Address 115 Third Street South Suite, Apt. #, etc.	
City & State Bradenton Beach, FL		City & State BRADENTON BEACH, FL	
Zip 34217	Country USA	Zip 34217	Country USA
6. Name and Address of Current Registered Agent DEIRICH, DAVID 300 BAY DRIVE S BRADENTON BEACH, FL 34217		7. Name and Address of New Registered Agent Name TEITELBAUM, DAVID Street Address (P.O. Box Number is Not Acceptable) 115 THIRD STREET SOUTH City BRADENTON BEACH FL Zip Code 34217	
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 4-8-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS DAVID, TEITBAUM 300 BAY DRIVE S BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS Teitelbaum, DAVID 115 Third Street South BRADENTON BEACH, FL 34217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT NAYLOR, PENENLOPE 75 TIDY ISLAND BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PALMER, CHARLES 115 THIRD STREET SOUTH BRADENTON, BEACH, FL 34217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 4-8-04 941-778-0156	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	