

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90020 031 ***150.00

DOCUMENT # P01000119493

1. Entity Name
NORTH AMERICAN BRIDGE COMPANY, INC.



Principal Place of Business
**3418 HANDY RD.
SUITE 205
TAMPA, FL 33618-4603**

Mailing Address
**P.O. BOX 291018
TAMPA, FL 33687-1018**

54033807



2. Principal Place of Business
15210 AMBERLY DRIVE

3. Mailing Address
PO BOX 29118

Suite, Apt. #, etc.
APT # 1513

Suite, Apt. #, etc.

04032004

Chg-P

CR2E034 (10/03)

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3760887

Applied For
Not Applicable

Zip
33647

Country

Zip
33687

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAJA, ALEX
6105 RAIN HOLLOW CT.
TAMPA, FL 33617**

7. Name and Address of New Registered Agent

Name
DON SMIDT

Street Address (P.O. Box Number is Not Acceptable)
15210 AMBERLY DRIVE

APT # 1513

City
TAMPA

FL

Zip Code
33647

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 X [Signature] X DON SMIDT X 4-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P.** ☐ Delete
NAME **SMIDT, DON**
STREET ADDRESS **3418 HANDY RD.**
CITY-ST-ZIP **TAMPA, FL 336184003**

TITLE **V** ☒ Delete
NAME **WINTER, MARK**
STREET ADDRESS **3418 HANDY RD.**
CITY-ST-ZIP **TAMPA, FL 336184603**

TITLE **TS** ☒ Delete
NAME **BAJA, ALEX**
STREET ADDRESS **3418 HANDY RD.**
CITY-ST-ZIP **TAMPA, FL 336184003**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **15210 AMBERLY DRIVE APT #1513**
CITY-ST-ZIP **TAMPA FL 33647**

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

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

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **ROBERT W. PERMENTER, JR.**
CITY-ST-ZIP **903 KNIGHT STREET SEFNER, FL 33584**

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

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 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: X [Signature] X PRESIDENT X 04-12-04 X (813) 978-8009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #