

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90065 033 ***150.00

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DOCUMENT # P02000037659 1. Entity Name CORBRIDGE MANAGEMENT, INC.			
Principal Place of Business 1626 PINYON PINE DRIVE SARASOTA, FL 34240		Mailing Address 1626 PINYON PINE DRIVE SARASOTA, FL 34240	
2. Principal Place of Business - No P.O. Box # 70 Sarasota Center Blvd.		3. Mailing Address 70 Sarasota Center Blvd.	
Suite, Apt. #, etc. Blvd.		Suite, Apt. #, etc. Blvd.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34240		Zip 34240	
Country U.S.		Country U.S.	
4. FEI Number 01-0660802		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORBRIDGE, R S 1626 PINYON PINES DRIVE SARASOTA, FL 34240		7. Name and Address of New Registered Agent Name CORBRIDGE, R S Street Address (P.O. Box Number is Not Acceptable) 70 SARASOTA CENTER BLVD. City SARASOTA FL Zip Code 34240	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, type, or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P CORBRIDGE, ROBERT S 1626 PINYON PINE DRIVE SARASOTA, FL 34240	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	