

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90476 047 ***150.00

DOCUMENT # P02000125154

1. Entity Name

BRIDGMARC ENTERPRISES, INC.



Principal Place of Business

700 ALLEN ROAD
CLEWISTON, FL 33440

Mailing Address

~~700 ALLEN ROAD~~ 690 Allen Road
CLEWISTON, FL 33440



04232004

No Chg-P

CR2E034 (10/03)

4. FEI Number

33-1032370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOODBREAD, BRIDGETTE K.
700 ALLEN ROAD
CLEWISTON, FL 33440

**DO NOT WRITE
IN THIS SPACE**

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

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 : DP
NAME : GOODBREAD, BRIDGETTE K
STREET ADDRESS : ~~4642 ALLEN RD~~ 690 Allen Road
CITY-ST-ZIP : CLEWISTON, FL 33440

TITLE
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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:

Bridgette K Goodbread

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bridgette K Goodbread

4-27-04 863-675-8888

Date

Daytime Phone #