

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128521

Entity Name: BRIDGE POINTE, INC.

FILED  
Apr 18, 2005  
Secretary of State

## Current Principal Place of Business:

260 WEKIVA SPRINGS RD.  
LONGWOOD, FL 327793606

## New Principal Place of Business:

## Current Mailing Address:

260 WEKIVA SPRINGS RD.  
LONGWOOD, FL 327793606

## New Mailing Address:

FEI Number: 16-1643621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CEO ( ) Delete  
Name: ROBERTS, D. GENE  
Address: 260 WEKIVA SPRINGS RD.  
City-St-Zip: LONGWOOD, FL 327793606

Title: PD ( ) Delete  
Name: ROBERTS, D. GENE  
Address: 260 WEKIVA SPRINGS RD.  
City-St-Zip: LONGWOOD, FL 327793606

Title: ST ( ) Delete  
Name: CECCONI, KELLY A  
Address: 260 WEKIVA SPRINGS RD.  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KELLY A. CECCONI

ST

04/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date