

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058132

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: BRIDGE MARINE BOAT STORAGE, INC.

**Current Principal Place of Business:**

111 RIVER ROAD  
CARRABELLE, FL 32322

**New Principal Place of Business:**

**Current Mailing Address:**

700 MEDALLION WAY  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 51-0475306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, MARY E  
17 HIGH DR STE C  
CRAWFORDVILLE, FL 32327 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: D ( ) Delete  
Name: GRAY, SIDNEY E  
Address: 6256 SHADY REST RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: OSTERBYE, PAUL  
Address: 700 MEDALLION WAY  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete  
Name: OSTERBYE, LORNA  
Address: 700 MEDALLION WAY  
City-St-Zip: TALLAHASSEE, FL 32317

**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 Chapter 119, 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: LORNA OSTERBYE

D

04/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date