


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000107713 1. Entity Name SOUTHBRIDGE GROUP, INC.	
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Principal Place of Business 402 HUNTRIDGE DR VENICE, FL 34292	Mailing Address 402 HUNTRIDGE DR VENICE, FL 34292
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03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0450754	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JORDAN, R. BRAD 402 HUNTRIDGE DR VENICE, FL 34292

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

**1100000287435
04/04/05-80068-008 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORDAN, BRAD R 402 HUNTRIDGE DR. VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HESCHMEYER, DANIEL 337 HARBOR DR. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **As President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05
Date

941-485-5454
Daytime Phone #