

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90065 003 \*\*\*150.00

**DOCUMENT # P04000110948**

1. Entity Name

ALTER BRIDGE HOLDING COMPANY, INC.



Principal Place of Business

2813 S. HIAWASSEE RD.  
STE 201  
ORLANDO, FL 32835

Mailing Address

2813 S. HIAWASSEE RD.  
STE 201  
ORLANDO, FL 32835

2. Principal Place of Business - No P.O. Box #

2243 Cairns Ct.  
Orlando, FL  
32835 US

3. Mailing Address

20 N. Santa Cruz Ave  
Suite A  
Los Gatos, CA  
95030 US

04252007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-1459892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARRY D WHITFIELD, CPA  
2813 S HIAWASSEE RD, STE 2015  
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

N  
David Johnson  
2243 Cairns Ct.  
Orlando, FL 32835  
S  
C  
L Zip Code

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

4/26/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D TREMONTI, MARK 2813 S HIAWASSEE RD, STE 201 ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D PHILLIPS, SCOTT 2813 S HIAWASSEE RD, STE 201 ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D KENNEDY, MYLES 2813 S HIAWASSEE RD, STE 201 ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D MARSHALL, BRIAN 2813 S HIAWASSEE RD, STE 201 ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2243 Cairns Ct. Orlando, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2243 Cairns Ct. Orlando, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2243 Cairns Ct. Orlando, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2243 Cairns Ct. Orlando, FL 32835 US	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/26/07

Date

408-395-9515

Daytime Phone #