

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90051 048 ***150.00

DOCUMENT # P04000120912

1. Entity Name
BRIDGES & BRIDGES, INC.



Principal Place of Business
**1501 U.S. HIGHWAY 441 NORTH
SUITE 1810
THE VILLAGES, FL 32159**

Mailing Address
**1501 U.S. HIGHWAY 441 NORTH
SUITE 1810
THE VILLAGES, FL 32159**

40007777



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1522307

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CYRUS, ROBERT R
214-A NORTH THIRD STREET
LEESBURG, FL 34748**

**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, 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	D
NAME	BRIDGES, CLIFTON L JR.
STREET ADDRESS	1501 U.S. HIGHWAY 441 NORTH, SUITE 1810
CITY-ST-ZIP	THE VILLAGES, FL 32159
TITLE	D
NAME	BRIDGES, CLIFTON L
STREET ADDRESS	1501 U.S. HIGHWAY 441 NORTH, SUITE 1810
CITY-ST-ZIP	THE VILLAGES, FL 32159
TITLE	Secretary Treasurer
NAME	Allison S. Bridges
STREET ADDRESS	1501 US Highway 441 N, Suite 1810
CITY-ST-ZIP	The Villages, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Allison S. Bridges Allison S. Bridges

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/07

Date

352-504-8243

Daytime Phone #