

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**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**



02012008 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, 2008 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
STREET ADDRESS	1501 U.S. HIGHWAY 441 NORTH, SUITE 1810
CITY-ST-ZIP	THE VILLAGES, FL 32159
TITLE	S
NAME	BRIDGES, ALLISON S
STREET ADDRESS	1501 U.S. HIGHWAY 441 NORTH, SUITE 1810
CITY-ST-ZIP	THE VILLAGES, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000832267  
02/27/08-80052-006 150.00

**DO NOT WRITE  
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

*02/14/08*

Date

*(352) 504-8243*

Daytime Phone #