


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90032 017 ***150.00

DOCUMENT # P05000000355 1. Entity Name BECHTOLD & CORBRIDGE, P.A.	
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Principal Place of Business 240 NOKOMIS AVENUE SOUTH SUITE 200 VENICE, FL 34285	Mailing Address 240 NOKOMIS AVENUE SOUTH SUITE 200 VENICE, FL 34285
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02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2087417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BECHTOLD, DANIEL A 240 NOKOMIS AVENUE SOUTH SUITE 200 VENICE, FL 34285
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**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 re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PRES BECHTOLD, DANIEL A 5254 WINDING WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TR CORBRIDGE, C KELLEY 1762 ISLAND WAY OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BECHTOLD, DANIEL A 5254 WINDING WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CORBRIDGE, C KELLEY 1762 ISLAND WAY OSPREY, FL 34229
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/14/07 941
Daytime Phone: 488-7751