

2008 FOR PROFIT CORPORATION ANNUAL REPORT

05-28-2008 90015013***150.00
P07000065603

FILED

08 MAY 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000065603 1. Entity Name STONEBRIDGE WEALTH MANAGEMENT, INC.			
Principal Place of Business 615 US HIGHWAY 1 401 NORTH PALM BEACH, FL 33408 US		Mailing Address 615 US HIGHWAY 1 401 NORTH PALM BEACH, FL 33408 US	
2. Principal Place of Business - No P.O. Box # 1511 Prosperity Farms Rd Suite, Apt. #, etc. 300		3. Mailing Address 1511 Prosperity Farms Rd Suite, Apt. #, etc. 300	
City & State Lake Park FL Zip 33403		City & State Lake Park FL Zip 33403	
4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRACY LAW FIRM, P.A. 1511 PROSPERITY FARMS ROAD 100 LAKE PARK, FL 33403		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACY, J. STEPHEN 615 US HIGHWAY 1, SUITE 401 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC MANUS, MARYBETH 615 US HIGHWAY 1, SUITE 401 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date 5/6/08 Time Phone # 721-9529	