2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90183 009 ***150.00

60033418

04152008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000075305

1. Entity Name
BRIDGEPORT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
12908 MIA CIRCLE LARGO, FL 33774	12908 MIA CIRCLE LARGO, FL 33774

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
111 16th Street	111 16th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleair Beach, FL	City & State: Belleair Beach, FL
Zip: 33785 Country: USA	Zip: 33785 Country: USA

4. FEI Number 26-0484973 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VELLARDITA, TERESA ~~12908 MIA CIRCLE~~ ~~LARGO, FL 33774~~ 111 16th Street Belleair Beach, FL 33786	Name: Teresa Vellardita Street Address (P.O. Box Number is Not Acceptable): 111 16th Street City: Belleair Beach FL Zip Code: 33786

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: T Vellardita Teresa Vellardita 4-24-2008
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DVPS NAME: VELLARDITA, TERESA STREET ADDRESS: 12908 MIA CIRCLE CITY-ST-ZIP: LARGO, FL 33774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: T Vellardita Teresa Vellardita DVPS 4-24-08 727-953-9778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #