

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000019950

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** BRIDGES EQUIPMENT & MAINTENANCE, INC.

**Current Principal Place of Business:**

3530 E LAUREL RD  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1000  
LITHIA, FL 33547

**New Mailing Address:**

PO BOX 1000  
LITHIA, FL 33547 10

**FEI Number:** 65-0650656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRIDGES, JOHN B SR  
10632 WALTER HUNTER ROAD  
LITHIA, FL 33547 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRIDGES, JOHN B SR  
Address: 10632 WALTER HUNTER ROAD  
City-St-Zip: LITHIA, FL 33547

Title: VPST  
Name: BRIDGES, LINDA  
Address: 10632 WALTER HUNTER ROAD  
City-St-Zip: LITHIA, FL 33547

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA BRIDGES

VPST

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date