

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000074634

1. Entity Name
BRIDAL SUITE OF FLORIDA, INC.



FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90024 010 ***150.00

Principal Place of Business
1020 PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34952 US

Mailing Address
1020 PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34952 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0696577

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARVELLI, THOMAS
~~445 29TH CT SW~~
~~VERO BEACH~~
VERO BEACH, FL 32968

Name

Street Address (P.O. Box Number is Not Acceptable)

1020 SE. Port St. Lucie Blvd

City Port St. Lucie

FL

Zip Code 34952

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CARVELLI, JANE E ☐ Delete
STREET ADDRESS 1020 PORT ST. LUCIE BLVD.
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME THOMAS, CARVELLI ☐ Delete
STREET ADDRESS 1020 PORT ST. LUCIE BLVD.
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

Thomas Carvelli 3-8-08 772-335-5500