2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2005 08:00 AM Secretary of State DOCUMENT # P97000098002 1. Entity Name BRIDGE PLAZA PETTINGILL, INC. Principal Place of Business Mailing Address 16247 EDGEMONT DR. 16247 EDGEMONT DR. FT. MYERS FL 33908 FT. MYERS FL 33908 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0799853 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETTINGILL, LUCIUS Street Address (P.O. Box Number is Not Acceptable) 16247 EDGÉMONT DR. FT. MYERS FL 33908 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Change TITLE **PSTD** ☐ Delete tete F NAME NAME PETTINGILL, LUCIUS STREET ADDRESS 13247 EDGMONT DR. STREET ADDRESS FT. MYERS FL 33908 CITY-SI-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Change Addition ☐ Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME U000000233371 STREET ADDRESS STREET ADDRESS 02/17/05-80040-016 150.00 Culty-S1-21P CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CULY ST- MP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayrns Phone #