


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000029939 1. Entity Name BAINBRIDGE MANAGEMENT, INC.	
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Principal Place of Business 12791 W FOREST HILL BLVD STE 5B WELLINGTON, FL 33414	Mailing Address 12791 W FOREST HILL BLVD STE 5B WELLINGTON, FL 33414
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04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0823466	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent SCHECHTER, RICHARD A 12791 W FOREST HILL BLVD #5B WELLINGTON, FL 33414

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHTER, RICHARD A 12791 W FOREST HILL BLVD #5B WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEAD, SHEILA 12791 W FOREST HILL BLVD #5B WELLINGTON, FL 33414
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UD00000356147
05/04/05-80023-011 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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: Thomas Keady 4/29/05 561 333 3669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #