

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2005 8:00 am
Secretary of State

04-13-2005 90059 050 ***150.00

DOCUMENT # P99000103091

1. Entity Name
BRIDGE PROPERTIES MANAGEMENT, INC.



Principal Place of Business
**P.O. BOX 13
CLEARWATER, FL 33757**

Mailing Address
**P.O. BOX 13
CLEARWATER, FL 33757**

DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3612141

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, DELON
~~1420 SATSUMA ST.~~
~~CLEARWATER, FL 33756~~
PO BOX 13
~~CLW, FL 33757~~
1332 Buckingham DR
CLW FL 33756

**DO NOT WRITE
IN THIS SPACE**

6. 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 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	D
NAME	WILSON, LEE
STREET ADDRESS	1420 SATSUMA ST. 1332 Buckingham DR
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	WILSON, DELON
STREET ADDRESS	1420 SATSUMA ST. 1332 Buckingham DR
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Delon Wilson

H. Appalos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #