


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90025 048 ***150.00

DOCUMENT # 272288			
1. Entity Name BAINBRIDGE MOTORS, INC.			
Principal Place of Business 5 PUTTER LANE PALATKA, FL 32177		Mailing Address P.O. BOX 2074 PALATKA, FL 32178	
2. Principal Place of Business - No P.O. Box # 117 Sunset Point Road		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State East Palatka FL		City & State	
Zip 32131	Country Putnam	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKLER, NORMA B 5 PUTTER LANE PALATKA, FL 32177		Name Norma B Beckler	
		Street Address (P.O. Box Number is Npt Acceptable) 117 Sunset Point Road	
		City East Palatka	
		FL Zip Code 32131	
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: <i>Norma B Beckler</i>		DATE: <i>4/1/08</i>	
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 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKLER, NORMA B 5 PUTTER LANE PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 117 Sunset Point Road East Palatka, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Norm B. Beckler, Pres.</i>		DATE: <i>4/1/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	



03172008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1006804 Applied For Not Applicable

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