


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90103 020 ***150.00

DOCUMENT # F02000001581

1. Entity Name
BRIDGE STAFFING, INC.



Principal Place of Business Mailing Address
3765-B GOVERNMENT BLVD **3765-B GOVERNMENT BLVD**
MOBILE, AL 36693 **MOBILE, AL 36693**

50025681



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03112005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
63-1283794 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	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 reinstating) 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEUGER, CAROL E			NAME			
STREET ADDRESS	3765-A GOVERNMENT STREET			STREET ADDRESS			
CITY-ST-ZIP	MOBILE, AL 36693			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARLOW, CHRISTOPHER J			NAME			
STREET ADDRESS	3765-A GOVERNMENT STREET			STREET ADDRESS			
CITY-ST-ZIP	MOBILE, AL 36693			CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	<i>Kelly Norton</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PORTER, CINDY S			NAME	<i>3765 B Government St</i>		
STREET ADDRESS	3765-A GOVERNMENT STREET			STREET ADDRESS	<i>MOBILE AL 36693</i>		
CITY-ST-ZIP	MOBILE, AL 36693			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLYNEUX, MICHAEL G			NAME			
STREET ADDRESS	3765-A GOVERNMENT STREET			STREET ADDRESS			
CITY-ST-ZIP	MOBILE, AL 36693			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, JAMES B IV			NAME			
STREET ADDRESS	3765-A GOVERNMENT STREET			STREET ADDRESS			
CITY-ST-ZIP	MOBILE, AL 36693			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRUM, JOE B			NAME			
STREET ADDRESS	3765 B. GOVERNMENT BLVD			STREET ADDRESS			
CITY-ST-ZIP	MOBILE, AL 36693			CITY-ST-ZIP			

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:  **3/11/05 (251) 643-7070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #