

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90021 003 \*\*\*150.00

**DOCUMENT # P97000009730**

1. Entity Name

BALDRIDGE DEVELOPMENT GROUP, INC.



Principal Place of Business

11825 MANCHESTER ROAD  
ST LOUIS MO 63131

Mailing Address

11825 MANCHESTER ROAD  
ST LOUIS MO 63131



2. Principal Place of Business - No P.O. Box #

1507 ASTRA Way

3. Mailing Address

1507 ASTRA Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

ST. LOUIS, MO

City & State

ST. LOUIS, MO

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

63010-1146

Country

USA

Zip

63010-1146

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRICE, KELLY  
27200 RIVERVIEW CENTER BLVD  
SUITE 309  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when not standing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DPS  
BALDRIDGE, KENNETH R  
11825 MANCHESTER ROAD  
ST LOUIS MO 63131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
1507 ASTRA Way  
ST. LOUIS, MO 63010-1146 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2008 314 - 966-230

Date

Daytime Phone