


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000000901
1. Entity Name
RIDGE LIVE STEAMERS, INC.



Principal Place of Business: **7750 N SCENIC HWY LAKE WALES FL 33898**
Mailing Address: **7750 N SCENIC HWY LAKE WALES FL 33898**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
**DOBLER, RICHARD D
7750 N SCENIC HIGHWAY
LAKE WALES FL 33853**

4. FEI Number: **59-3366323**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

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

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: VANSICKLE, JULIEN E STREET ADDRESS: 540 BRACEY RD CITY-ST-ZIP: LAKELAND FL 33809	<input type="checkbox"/> Delete
TITLE: D NAME: WALTER, HENRY W JR STREET ADDRESS: 1625 BUENA VISTA DR CITY-ST-ZIP: EUSTIS FL 32726	<input type="checkbox"/> Delete
TITLE: D NAME: DOBLER, RICHARD D STREET ADDRESS: 7750 N SCENIC HWY CITY-ST-ZIP: LAKE WALES FL 33898	<input type="checkbox"/> Delete
TITLE: D NAME: NEWCOMB, ALLEN P STREET ADDRESS: 433 SEAWANG CIRCLE CITY-ST-ZIP: AUBURNDALE FL 33823	<input type="checkbox"/> Delete
TITLE: D NAME: COLLINS, JOHN STREET ADDRESS: 1205 BRIAR PARK WAY CITY-ST-ZIP: VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE: D NAME: NASH, JOE STREET ADDRESS: 2634 TWELVE POINT DR CITY-ST-ZIP: LAKELAND FL 33811	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Richard D. Dobler* **RICHARD D. DOBLER** 2-25-05 **683 438 8714**