


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90078 017 \*\*\*\*61.25

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOBLER, RICHARD D. 7750 N SCENIC HIGHWAY LAKE WALES, FL 33853		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANSICKLE, JULIEN E	NAME	Foster Bond
STREET ADDRESS	540 BRACEY RD	STREET ADDRESS	700 Ave. C. SE
CITY-ST-ZIP	LAKELAND, FL 33809	CITY-ST-ZIP	Winter Haven, FL 33880-3253
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER, HENRY W JR	NAME	Harold Dunsford
STREET ADDRESS	1625 BUENA VISTA DR	STREET ADDRESS	173 Glen Este Blvd.
CITY-ST-ZIP	EUSTIS, FL 32726	CITY-ST-ZIP	Haines City, FL 33844
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBLER, RICHARD D	NAME	Fred DeLoach
STREET ADDRESS	7750 N SCENIC HWY	STREET ADDRESS	6534 Oakpoint Drive
CITY-ST-ZIP	LAKE WALES, FL 33898	CITY-ST-ZIP	Lakeland, FL 33813
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWCOMB, ALLEN P	NAME	
STREET ADDRESS	433 SEAWANG CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 33823	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOHN	NAME	
STREET ADDRESS	1205 BRIAR PARK WAY	STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, JOE	NAME	
STREET ADDRESS	2634 TWELVE POINT DR	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33811	CITY-ST-ZIP	
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 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: <u>Richard D. Dobler</u>		Date: <u>1-29-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>863-438-8714</u>	