

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 22, 2005  
Secretary of State**

DOCUMENT# P04000155054

Entity Name: SOUTH RIDGE AG, INC

**Current Principal Place of Business:**

229 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

229 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870

**New Mailing Address:**

FEI Number: 20-1913044      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAVILAND, JOHN D  
229 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HAVILAND, JOHN D  
Address: 229 SOUTH COMMERCE AVENUE  
City-St-Zip: SEBRING, FL 33870

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      ( ) Change (X) Addition  
Name: HAVILAND, MARJAN  
Address: 299 SOUTH COMMERCE AVENUE  
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJAN HAVILAND

VP

11/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date