

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 321340

1. Entity Name
SOUTHRIDGE, INC.



Principal Place of Business
800 E EUCLID AVE
DELAND, FL 32724 US

Mailing Address
800 E EUCLID AVE
DELAND, FL 32724 US



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1172245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, WETONA MS.
800 E EUCLID AVE
DELAND, FL 32724

**DO NOT WRITE
IN THIS SPACE**

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

Wetona Gardner

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

(NOTE: Registered Agent signature required when renewing)

2/12/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GARDNER, E 201 SEQUOIA DRIVE LIGONIER, PA 15658
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT GARDNER, WETONA 800 E EUCLID AVENUE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARDNER, W M 201 SEQUOIA DRIVE LIGONIER, PA 15658
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/26/08-80013-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

Wetona Gardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08

DATE

386-736-0733

DAYTIME PHONE #

Wetona Gardner