

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349582

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: CAHILLS OF NORTH TAMPA INC

**Current Principal Place of Business:**

8920 NORTH ARMENIA AVENUE  
TAMPA, FL 33604 US

**New Principal Place of Business:**

**Current Mailing Address:**

8920 NORTH ARMENIA AVENUE  
TAMPA, FL 33604 US

**New Mailing Address:**

FEI Number: 59-1269436      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RIDGEWAY, DANIEL L.  
19501 PINE VALLEY DR  
ODESSA, FL 33556 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RIDGEWAY, DANIEL L.,  
Address: 19501 PINE VALLEY DRIVE  
City-St-Zip: ODESSA, FL 33556 US

Title: VP ( ) Delete  
Name: RIDGEWAY, MARK D.,  
Address: 1703 BEDINGFIELD  
City-St-Zip: TAMPA, FL

Title: ST ( ) Delete  
Name: RIDGEWAY, LINDA L.,  
Address: 19501 PINE VALLEY DR.  
City-St-Zip: ODESSA, FL 33556

Title: AVP ( ) Delete  
Name: RIDGEWAY, CHARLES E.,  
Address: 1713 W. LOUISIANA AVE  
City-St-Zip: TAMPA, FL 33603

Title: AVP ( ) Delete  
Name: RIDGEWAY, MICHAEL J.,  
Address: 30801 REED RD  
City-St-Zip: DADE CITY, FL 33525

Title: AVP ( ) Delete  
Name: RIDGEWAY, PAUL L.,  
Address: 18712 PLANNERS WAY  
City-St-Zip: TAMPA, FL 33548

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

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DANIEL L. RIDGEWAY

P.

01/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date