


**FILED**

**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 635265</b> 1. Entity Name <b>SEBRING RIDGE UTILITIES, INC.</b>	
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Principal Place of Business <b>3625 VALERIE BLVD. SEBRING, FL 33870</b>	Mailing Address <b>3625 VALERIE BLVD. SEBRING, FL 33870</b>
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04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1850519</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, CHRISTOPHER  
3625 VALERIE BLVD  
SEBRING, FL 33870**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of charging 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 fee if applicable. (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$650.00**

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	DVP MILLER, ROGER E. 3625 VALERIE BLVD. SEBRING, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPTS MILLER, CHRISTOPHER F. 3625 VALERIE BOULEVARD SEBRING, FL
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**DO NOT WRITE  
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UD0000343178  
04/29/05-80085-011 150.00

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 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: *Christopher Miller* **4-27-05** **863-385-8542**  
SIGNATURE AND TYPED OR PRINTED NAME OF SEBRING OFFICER OR DIRECTOR Date Business Phone #