


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000001534

1. Entity Name
MAYRIDGE CONSTRUCTION COMPANY



Principal Place of Business
**25101 CHAGRIN BOULEVARD
 BEACHWOOD, OH 44122**

Mailing Address
**25101 CHAGRIN BOULEVARD
 BEACHWOOD, OH 44122**

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
34-0741139

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

000000158790
 05/05/04-80088-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOLDBERG, LARRY 25101 CHAGRIN BLVD. BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RABER, C.W. 25101 CHAGRIN BLVD. BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GOLDBERG, JORDAN A 25101 CHAGRIN BOULEVARD BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BELL, ERIC E 25101 CHAGRIN BOULEVARD BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JUERGENS, BRUCE 25101 CHAGRIN BOULEVARD BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: X  DATE: X **4.21.04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ERIC BELL