

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # F03000001534 1. Entity Name MAYRIDGE CONSTRUCTION COMPANY	
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Principal Place of Business 25101 CHAGRIN BOULEVARD BEACHWOOD, OH 44122	Mailing Address 25101 CHAGRIN BOULEVARD BEACHWOOD, OH 44122
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-0741139	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

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/18/07-80043-020 150.00

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: X _____ Date: X 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #