


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F66612</b> 1. Entity Name <b>CINNAMON RIDGE UTILITIES, INC.</b>		
Principal Place of Business <b>6909 BEACH BLVD, LEISURE BEACH HUDSON, FL 34667</b>	Mailing Address <b>6909 BEACH BLVD, LEISURE BEACH HUDSON, FL 34667</b>	



03062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2657095</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**

**PAXTON, JAMES N.  
6909 BEACH BLVD  
HUDSON, FL 34667**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

UD00000866929  
04/08/08-80049-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PAXTON, JAMES N
STREET ADDRESS	6909 BEACH BLVD
CITY - ST - ZIP	HUDSON, FL
TITLE	S
NAME	SMITH, JENNIFER M.
STREET ADDRESS	6909 BEACH BLVD
CITY - ST - ZIP	HUDSON, FL 34667
TITLE	D
NAME	PAXTON, PAULA
STREET ADDRESS	6909 BEACH BLVD.
CITY - ST - ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/08**  
Date

**(727) 863-2024**  
Daytime Phone #