

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001883

Entity Name: RIDGEWELL'S, INC.

FILED
Apr 22, 2004
Secretary of State

Current Principal Place of Business:

5525 DORSEY LANE
BETHESDA, MD 20816

New Principal Place of Business:

Current Mailing Address:

5525 DORSEY LANE
BETHESDA, MD 20816

New Mailing Address:

FEI Number: 52-1562076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PURNELL, HAROLD F
215 SOUTH MONROE STREET., STE 420
TALLAHASSEE, FL 32301 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: PD () Delete
Name: KEON, THOMAS
Address: 5525 DORSEY LANE
City-St-Zip: BETHESDA, MD 20816

Title: CEO () Delete
Name: LACZ, SUSAN
Address: 5525 DORSEY LANE
City-St-Zip: BETHESDA, MD 20816

Title: CD () Delete
Name: LACZ, JOHN
Address: 5525 DORSEY LANE
City-St-Zip: BETHESDA, MD 20816

Title: D () Delete
Name: JOHNSON, LEONARD
Address: 5525 DORSEY LANE
City-St-Zip: BETHESDA, MD 20816

Title: D () Delete
Name: HERNANDEZ, CARLOS
Address: 5525 DORSEY LANE
City-St-Zip: BETHESDA, MD 20816

Title: COOD () Delete
Name: VALADO, JOSE
Address: 5332 SARAROGA
City-St-Zip: BETHESDA, MD 20816

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 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 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: THOMAS KEON

PD

04/22/2004

Electronic Signature of Signing Officer or Director

Date