

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000003177**

1. Entity Name  
**RIDLEY ELECTRIC COMPANY, INCORPORATED**



Principal Place of Business  
**111 BUSCH DRIVE  
JACKSONVILLE, FL 32218**

Mailing Address  
**P.O. BOX 316 EASTWOOD STA.  
SYRACUSE, NY 13206 US**



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**15-0591322**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CUMMINGS, F A  
1004 DESOTO PARK DRIVE  
PO BOX 589  
TALLAHASSEE, FL 32302-0589**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000687018  
04/10/07-80023-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CSD  
RIDLEY, LEE  
2410 EUCLID AVE  
SYRACUSE, NY 13224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
RIDLEY, BENJAMIN  
6924 HENDERSON RD  
JAMESVILLE, NY 13078**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MCBRIDE, MICHAEL  
3603 MELVIN DRIVE SOUTH  
BALDWINVILLE, NY 13027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 life empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael McBride Vice President**

**3/27/07**

Date

**(315) 463-8606**

Daytime Phone #