


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

|   |                                    |                     |  |   |          |
|---|------------------------------------|---------------------|--|---|----------|
| <b>DOCUMENT # G48358</b>  |                                    |                     |  |                |          |
| 1. Entity Name<br>RIDGEWOOD RANCH, INC.   |                                    |                     |  |   |          |
| Principal Place of Business<br>C/O LARRY CARROLL<br>847 HAWKSBILL ISLAND DR.<br>SATELLITE BEACH FL 32937<br>US  |                                    |                     | Mailing Address<br>C/O LARRY CARROLL<br>847 HAWKSBILL ISLAND DR.<br>SATELLITE BEACH FL 32937<br>US                     |   |          |
| 2. Principal Place of Business  |                                    | 3. Mailing Address  |  |   |          |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc. |  |   |          |
| City & State  |                                    | City & State        |  | 4. FEI Number<br><b>59-2392986</b>  |          |
| Zip   |                                    | Zip                 |  | Applied For<br><input type="checkbox"/> Not Applicable  |          |
| Country   |                                    | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |          |
| 6. Name and Address of Current Registered Agent<br><br>CARROLL, LARRY<br>847 HAWKSBILL ISLAND DR<br>SATELLITE BEACH FL 32937  |                                    |                     | 7. Name and Address of New Registered Agent  |   |          |
| Name  |                                    |                     | Name   |   |          |
| Street Address (P.O. Box Number is Not Acceptable)  |                                    |                     | Street Address (P.O. Box Number is Not Acceptable)   |   |          |
| City  |                                    |                     | City   |   | Zip Code |
| FL  |                                    |                     |  |   |          |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                    |                     |  |   |          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                    |                     | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees |   |          |
| 10. OFFICERS AND DIRECTORS  |                                    |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |          |
| TITLE   | PD <input type="checkbox"/> Delete | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| NAME  | CARROLL, LARRY                     | NAME                | U00000300100   |   |          |
| STREET ADDRESS  | 847 HAWKSBILL ISLAND DR.           | STREET ADDRESS      | 04/12/05-80006-016 150.00  |   |          |
| CITY-ST-ZIP   | SATELLITE BEACH FL                 | CITY-ST-ZIP         |  |   |          |
| TITLE   | VS <input type="checkbox"/> Delete | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| NAME  | CARROLL, HELEN                     | NAME                |  |   |          |
| STREET ADDRESS  | 847 HAWKSBILL ISLAND DR.           | STREET ADDRESS      |  |   |          |
| CITY-ST-ZIP   | SATELLITE BEACH FL                 | CITY-ST-ZIP         |  |   |          |
| TITLE   | ST <input type="checkbox"/> Delete | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| NAME  | HENRY, VIRGINIA LEE                | NAME                |  |   |          |
| STREET ADDRESS  | 4640 QUAIL ROOST RD                | STREET ADDRESS      |  |   |          |
| CITY-ST-ZIP   | ST CLOUD FL                        | CITY-ST-ZIP         |  |   |          |
| TITLE   | <input type="checkbox"/> Delete    | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| NAME  |                                    | NAME                |  |   |          |
| STREET ADDRESS  |                                    | STREET ADDRESS      |  |   |          |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP         |  |   |          |
| TITLE   | <input type="checkbox"/> Delete    | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| NAME  |                                    | NAME                |  |   |          |
| STREET ADDRESS  |                                    | STREET ADDRESS      |  |   |          |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP         |  |   |          |
| TITLE   | <input type="checkbox"/> Delete    | TITLE               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |          |
| NAME  |                                    | NAME                |  |   |          |
| STREET ADDRESS  |                                    | STREET ADDRESS      |  |   |          |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP         |  |   |          |



1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Larry H. Carroll* **4/9/05** **321-773-716**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)