


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90038 035 ***150.00

DOCUMENT # G48358
 1. Entity Name
RIDGEWOOD RANCH, INC.



Principal Place of Business Mailing Address
C/O LARRY CARROLL **C/O LARRY CARROLL**
847 HAWKSBILL ISLAND DR. **847 HAWKSBILL ISLAND DR.**
SATELLITE BEACH, FL 32937 US **SATELLITE BEACH, FL 32937 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CARROLL, LARRY
847 HAWKSBILL ISLAND DR
SATELLITE BEACH, FL 32937

40009430



01142008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2392986 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Larry J Carroll* DATE: 1/20/08
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	CARROLL, LARRY		
	847 HAWKSBILL ISLAND DR.		
	SATELLITE BEACH, FL		
VS	CARROLL, HELEN		
	847 HAWKSBILL ISLAND DR.		
	SATELLITE BEACH, FL		
ST	HENRY, VIRGINIA LEE		
	4640 QUAIL ROOST RD		
	ST CLOUD, FL		

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: *Larry J Carroll* DATE: 1/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #