## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2004 8:00 am Secretary of State

Principal Place of Business	1-105S SE FEDERAL HAW #15 HOBE SOUND, FL 33455 US  PO BOX 65 RNSEN BEACH, FL 34958 US  2. Principal Place of Business  Suite, Apt. #, ofc.  City & State  A FEI Number 5-9-2664245  Roll Applied for the	1. Entity Nam	MENT # J22484 RIDGE MOBILE HOME OWN			3	04-13-2004 9	•			
### Addition Carriers   P. Addition Carriers	1-105SS FFERPAL HWY #15 HORE SOURD, FL 33455 US  PORT SERVICE NEARLY FL 34558 US  Suite, Apt #, etc.  Suit	Principal Plane of Business Mailing Address									
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Of 1132004 Chg.P CR2E034 (10/03)  City & State  City & State  City & State  City & State  Country  Size Country  Exp.  Exp.  Country  Exp.  Exp.  Country  Exp.  Exp.  Country  Exp.	Suite. Apl. #, etc.    Suite. Apl. #, etc.   Suite. Apl. #, etc.   City & State   City & State   Applied for 59-2684245   Not Applie	-11055 SE FEDERAL HWY #15		PO BOX 65		1					
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Of 1132004 Chg.P CR2E034 (10/03)  City & State  City & State  City & State  City & State  Country  Size Country  Exp.  Exp.  Country  Exp.  Exp.  Country  Exp.  Exp.  Country  Exp.	Suite. Apl. #, etc.    Suite. Apl. #, etc.   Suite. Apl. #, etc.   City & State   City & State   Applied for 59-2684245   Not Applie	6 Deliving Diving 4 Dupling									
City & State  Country  S. Certificate of Status Desired  S. States and Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Street Address of New Registered Agent  City  FL  Zip Code  City  Cit	City & State  City & State  City & State  City & State  A. FEEL sumbler 59-2664245  S. Certificate of States Depicted  S.	Z. Minopart	idoe () Dualiless	J. Walling Address			I PERIOD BANG COOM CORD BINNER IS ON BIRDLE GOVERN CORD CONTROLLED BANG CONTROL OF CONTR				
Sp-2684245   Nor Applicable   Sp. 75 Additional Foo Required   Sp. 75 Additional Foo Required Agent   Sp. 75 Additional Foo Required Agent   Sp. 75 Additional Foo Registered Agent   Sp. 75 Additional Foo R	Zip Country Zip Country Zip Country Sp. 2664245	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01132004	Chg-P	CR2E034	(10/03)	
BONAN-ELIZABETH-PIESO. CORNETT, GOOGE, ROSS & EARLE, P.A. 401 EAST OSCEOLA STREET STUART, FL 34994  City  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWITH FEE IS \$150.00  After May 1, 2004 Fee with be \$550.00  OFFICERS AND DIRECTORS  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PO PORTER, HOMER  STREET ADDRESS  GITS-51-2P  HOBE SOUND, FL 33455  GITS-51-2P  HOBE SOUND, FL 33455  GITS-51-2P  DOAK, SAM  SIREET ADDRESS  GITS-51-2P  HOBE SOUND, FL 33455  GITS-51-2P  DOAK, SAM  SIREET ADDRESS  GITS-51-2P  HOBE SOUND, FL 33455  GITS-51-2P  DOAK, SAM  SIREET ADDRESS  GITS-51-2P  HOBE SOUND, FL 33455  GITS-51-2P  DOAK, SAM  SIREET ADDRESS  GITS-51-2P  HOBE SOUND, FL 33455  GITS-51-2P  DOAK, SAM  SIREET ADDRESS  GITS-51-2P  HOBE SOUND, FL 33455  GITS-51-2P  DOAK, SAM  SIREET ADDRESS  GITS-51-2P  HOBE SOUND, FL 33455  GITS-51-2P  DOAK, SAM  SIREET ADDRESS  GITS-51-2P  HOBE SOUND, FL 33455  GITS-51-2P  DOAK, SAM  SIREET ADDRESS  GITS-51-2P  HOBE SOUND, FL 33455  GITS-51-2P  DOAK, SAM  SIREET ADDRESS  GITS-51-2P  Change Change  Addition  Addition  TITLE  DOAK, SAM  SIREET ADDRESS  GITS-51-2P  HOBE SOUND, FL 33455  GITS-51-2P  Change Change  Change	B. Mame and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Na	City & State	9	City & State				<del>_</del>	<del></del>	<del></del>	
BONAN-ELIZABETH P.ESQ.  CORNETT, GOOGE, ROSS & EARLE, P.A. 401 EAST OSCEOLA STREET STUART, FL. 34994  City	SIGNAN; ELIZABETH P.ESQ.	Zip	Country	Zip	Country		5. Certificate of	f Status Desired			
BONAN-ELIZABETH P.ESQ. CORNETT, GOOGE, ROSS & EARLE, P.A. 401 EAST OSCEOLA STREET STUART, FL 34994  Chy FL Zip Code  1. 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  FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$\$550.00  9. Election Campaign Financing Trust Fland Contribution.   \$5.00 May Be Added to Fees  10. OFFICEIS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE PO NAME PORTER, HOMER SIREH ADDRESS CITY-SI-ZIP HOBE SOUND, FL 33455  TITLE NAME PHILLIPS, ELLIOT NAME PHILLIPS, ELLIOT NAME POTTER, GRACE NAME POTTER, GRACE NAME NAME POTTER, GRACE NAME NAME NAME NAME NAME NAME NAME NAM	BONAN-ELIZABETH P.ESQ.   Sirest Address (P.O. Box Númber is Not Acceptable)		6. Name and Address of Current R	egistered Agent			7. Name and /	ddress of New R	egistered Ago	ent	
CORRETT, GOOGE, ROSS & EARLE, P.A. 401 EAST OSCEDLA STREET STUART, FL 34994  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  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PORTER, HOMER PORTER, HOMER PORTER, HOMER PORTER, HOMER PORTER, HOMER PORTER, HOMER NAME NAME PORTER, GRACE NAME NAME POTTER, GRACE NAME NAME NAME NAME POTTER, GRACE NAME NAME POTTER, GRACE NAME NAME POTTER, GRACE NAME NAME POTTER, GRACE NAME NAME NAME POTTER, GRACE NAME NAME NAME POTTER, GRACE NAME NAME NAME NAME NAME NAME NAME NAM	Silice Address (P.O. Box Number is Not Acceptable)  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SiGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$530.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INE INE INE INE INE INE INE INE INE IN	BONAN-E	117ARETH D.ESO		) N	lame					
STUART, FL 34994  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   S	STUART, FL 34994    City   FL   Zip Code	CORNETT	', GOOGE, ROSS & EARLE, P./		s	treet Address	P.O. Box Number	is Not Acceptable	) ==		
R. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Rorida, I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Gipulare, typed or philad come of registered signature and the II applicable   (NOTE Registered Agent signature mounted when retreating)   DATE	B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu										
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SIGNATURE   Signature, typed or prised nome of registered spece and title if appficable   NOTE Registered Agent signature required when retreating)   DATE	SIGNATURE   General Prince of princed regressed agrees and the 1 applicable.   MOTE Registered Agreed agrees are required when revisable(s)   DATE			the purpose of changing its re	egistered o	iffice or registe	red agent, or both	, in the State of Flo	orida, Iam fan	niliar with,	and accept
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CITY-ST-7IP I HORE SOUND EL 33455	12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes, I further certify that the information	<del> </del>	<u> </u>	445 63/61/01		(6)					

indicated on this report or suppliers with unis nilling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliermental 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.

Ellist A. Phillips Theas

772-545-7823