


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # K78191 1. Entity Name RIVER RIDGE MANAGEMENT COMPANY, INC.	
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Principal Place of Business 1200 RIVERPLACE BLVD SUITE 902 JACKSONVILLE, FL 32207 US	Mailing Address 1200 RIVERPLACE BLVD SUITE 902 JACKSONVILLE, FL 32207 US
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DO NOT WRITE IN THIS SPACE



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1845593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUDSON, ASHTON
1200 RIVERPLACE BLVD.
SUITE 902
JACKSONVILLE, FL 32207

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAHL, JAMES H
STREET ADDRESS	1200 RIVERPLACE BLVD.
CITY-STATE-ZIP	JACKSONVILLE, FL
TITLE	S
NAME	CAHOON, ART
STREET ADDRESS	1200 RIVERPLACE BLVD.
CITY-STATE-ZIP	JACKSONVILLE, FL 32207
TITLE	V
NAME	DAHL, WILLIAM L
STREET ADDRESS	1200 RIVERPLACE BLVD
CITY-STATE-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/10/05-80002-007 150.00

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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: William L. Dahl WILLIAM L. DAHL 3/8/05 904-393-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #