


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000009025	
1. Entity Name PINE RIDGE CABLE TV, INC.	

Principal Place of Business 2541 N RESTON TERR HERNANDO, FL 34442	Mailing Address 2541 N RESTON TERR HERNANDO, FL 34442
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DO NOT WRITE IN THIS SPACE



03222007 No Chg-NP CR2E037 (4/06)

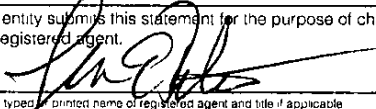
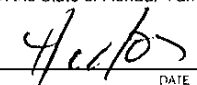
4. FEI Number 65-1234194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PETERSON, THOMAS E
136 E JOPLI COURT
HERNANDO, FL 34442

**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  DATE 

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
Due by May 1, 2007**

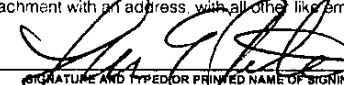
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

UD00000707285
04/24/07-80066-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTV PETERSON, THOMAS E 136 E JOPLIN CT HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, ROBERT 1602 W STAFFORD ST HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEARY, WILLIAM 3491 W PINE RIDGE BLVD BEVERLY HILLS, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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:  DATE: 4/16/07 DAYTIME PHONE: #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR