


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000000952 1. Entity Name SPRING RIDGE VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business 5600 NE COUNTY ROAD 340 HIGH SPRINGS, FL 32643 US	Mailing Address 5600 NE COUNTY ROAD 340 HIGH SPRINGS, FL 32643 US
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01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3232081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KARST ENVIRONMENTAL SERVICES, INC. 5779 NE COUNTY ROAD 340 HIGH SPRINGS, FL 32643

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

**Filing Fee is \$61.25
Due by May 1, 2005**

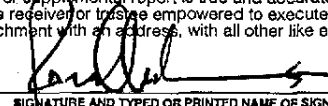
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLS, RONALD 5319 NE 54 PLACE HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHALTENBRAND, LEE 5589 NE 56 STREET HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHEMITZ, GEORGIA 5880 NE 70TH STREET HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FINK, JOE 5280 NE 53 TERR HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000181490
01/14/05-80049-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **RONALD Mills** 1/11/2005 352.463-3198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #