

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000000901**

1. Entity Name  
**RIDGE LIVE STEAMERS, INC.**



Principal Place of Business  
**7750 N SCENIC HWY  
LAKE WALES, FL 33898**

Mailing Address  
**7750 N SCENIC HWY  
LAKE WALES, FL 33898**



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3366323</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**DOBLER, RICHARD D  
7750 N. SCENIC HIGHWAY  
LAKE WALES, FL 33898**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000777487  
01/10/08-80010-008 61.25

**10. OFFICERS AND DIRECTORS**

|                |                            |
|----------------|----------------------------|
| TITLE          | D                          |
| NAME           | BOND, FOSTER               |
| STREET ADDRESS | 700 AVE C SE               |
| CITY-ST-ZIP    | WINTER HAVEN, FL 338803253 |
| TITLE          | D                          |
| NAME           | DUNSFORD, HAROLD           |
| STREET ADDRESS | 173 GLEN ESTE BLVD         |
| CITY-ST-ZIP    | HAINES CITY, FL 33844      |
| TITLE          | D                          |
| NAME           | DOBLER, RICHARD D          |
| STREET ADDRESS | 7750 N SCENIC HWY          |
| CITY-ST-ZIP    | LAKE WALES, FL 33898       |
| TITLE          | D                          |
| NAME           | NEWCOMB, ALLEN P           |
| STREET ADDRESS | 433 SEAWANG CIRCLE         |
| CITY-ST-ZIP    | AUBURNDAL, FL 33823        |
| TITLE          | D                          |
| NAME           | COLLINS, JOHN              |
| STREET ADDRESS | 1205 BRIAR PARK WAY        |
| CITY-ST-ZIP    | VALRICO, FL 33594          |
| TITLE          | D                          |
| NAME           | DELOACH, FRED              |
| STREET ADDRESS | 6534 OAKPOINT DR           |
| CITY-ST-ZIP    | LAKE LAND, FL 33813        |

**DO NOT WRITE  
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: *Richard D. Dobler* **RICHARD D. DOBLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-4-08**

Date

**863-438-8714**

Daytime Phone #