## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## Apr 02, 2004 8:00 am Secretary of State DOCUMENT # P00000113213 1. Entity Name 04-02-2004 90030 030 \*\*\*150 00 NORTH RIDGE PROFESSIONAL CENTER, INC. Principal Place of Business Mailing Address 7722 SR 544 ST 215 WINTER HAVEN FL 33881 7722 SR 544 ST 215 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1072485 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, BRUCE R. Street Address (P.O. Box Number is Not Acceptable) 7722 ST 544 ST 215 WINTER HAVEN FL 33881 City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change ☐ Addition DAVIS, BRUCE A NAME NAME 3082 LANDINGS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAINES CITY FL 33844 CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME RICHARDSON, RALPH NAME STREET ADDRESS 63 PINE FOREST DR. STREET ADDRESS HAINES CITY FL 33844 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET'ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP1 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 his 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.

s report. owered.

OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND

**FILED**