

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90114 044 \*\*\*150.00

DOCUMENT # P01000009280

1. Entity Name

RIDGE WATER FILTER SYSTEMS, INC.



Principal Place of Business

2031 MEMORIAL DR  
SEBRING FL 33870

Mailing Address

2031 MEMORIAL DR  
SEBRING FL 33870

2. Principal Place of Business - No P.O. Box #

111 MEMORIAL DR

Suite, Apt. #, etc.

3. Mailing Address

111 MEMORIAL DR

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

SEBRING, FL

4. FEI Number

65-1077356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICE OF JAMES F. MCCOLLUM, P.A.  
129 SOUTH COMMERCE AVE  
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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  
D  
ROBERTS, STEVE W JR  
2031 MEMORIAL DR  
SEBRING FL 33870 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ROBERTS, STEVE W. JR  
111 MEMORIAL DR  
SEBRING, FL 33870 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Steve W. Roberts Jr / STEVE W. ROBERTS, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 863-471-6057

Date Daytime Phone #