

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90031 010 ***150.00

DOCUMENT # P01000009280

1. Entity Name

RIDGE WATER FILTER SYSTEMS, INC.



Principal Place of Business

111 MEMORIAL DR
SEBRING FL 33870

Mailing Address

111 MEMORIAL DR
SEBRING FL 33870

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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 the filer (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D	☐ Delete
NAME	ROBERTS, STEVE W JR	
STREET ADDRESS	111 MEMORIAL DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	VP	☐ Change ☒ Addition
NAME	ROBERTS, STEVE W. III	
STREET ADDRESS	111 MEMORIAL DR.	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	S	☐ Change ☒ Addition
NAME	ROBERTS, NEEL K.	
STREET ADDRESS	111 MEMORIAL DR.	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Neel K. Roberts NEEL K. ROBERTS 4/25/08 863-471-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #