

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Jan 24, 2004 08:00 AM  
Secretary of State

DOCUMENT # P02000015888

1. Entity Name  
RIDGEWAY REPTILES, INC.



Principal Place of Business  
430 KINDRED BLVD  
PORT CHARLOTTE, FL 33954

Mailing Address  
430 KINDRED BLVD  
PORT CHARLOTTE, FL 33954



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
02-0561190

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIDGEWAY, ZELPH O  
430 KINDRED BLVD  
PORT CHARLOTTE, FL 33954

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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 ZELPH O RIDGEWAY Zelph O. Ridgeway 1-22-04  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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  
RIDGEWAY, ZELPH O  
430 KINDRED BLVD  
PORT CHARLOTTE, FL 33954

TITLE  
NAME  
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CITY - ST - ZIP

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000000012331  
01/26/04-80006-002 150.00

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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 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: Zelph O. Ridgeway ZELPH O RIDGEWAY 1-22-04 941-255-0602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #