

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90255 049 \*\*\*150.00

**DOCUMENT # P02000060082**

1. Entity Name  
**RIDGE SECURITY TITLE, INC.**



Principal Place of Business  
**2 EAST WALL STREET  
FROSTPROOF, FL 33843**

Mailing Address  
**POST OFFICE BOX 189  
FROSTPROOF, FL 33843**

66041604



01062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3874116</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**WHITBY, JACQUELINE MS  
26 FAIRWAY DR.  
HAINES CITY, FL 33844**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
**DC  
WILSON, P. T  
122 MOUNTAIN LAKE ESTATES  
LAKE WALES, FL 33853**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
LITTLETON, GREGORY  
149 LAKE MARIAM RD. SE  
WINTER HAVEN, FL 33884**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILSON, CLAYTON  
PO BOX 832  
LAKE WALES, FL 338590832**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
WILSON, PATRICIA  
2028 TUILERIES COVE  
BILOXI, MS 39531**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
WHITBY, MS, JACQUELINE  
209 FAIRWAY DR.  
HAINES CITY, FL 33844**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 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: \_\_\_\_\_

*Jacqueline Whitby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-7-06 (863) 676-7631**  
Date Daytime Phone #