

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060082

Entity Name: RIDGE SECURITY TITLE, INC.

FILED  
Feb 27, 2008  
Secretary of State

## Current Principal Place of Business:

36248 HWY 27  
HAINES CITY, FL 33844

## New Principal Place of Business:

## Current Mailing Address:

222 STATE RD 60 E  
LAKE WALES, FL 33853

## New Mailing Address:

FEI Number: 04-3674116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITHY, JACQUELINE  
209 FAIRWAY DR.  
HAINES CITY, FL 33844 US

## Name and Address of New Registered Agent:

WHITBY, JACQUELINE  
222 STATE RD 60 E  
LAKE WALES, FL 33853 US

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.

SIGNATURE: JACQUELINE WHITBY

02/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: WILSON, P. T  
Address: 122 MOUNTAIN LAKE ESTATES  
City-St-Zip: LAKE WALES, FL 33853

Title: DP ( ) Delete  
Name: LITTLETON, GREGORY  
Address: 149 LAKE MARIAM RD. SE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: WILSON, CLAYTON  
Address: PO BOX 832  
City-St-Zip: LAKE WALES, FL 338590832

Title: DV ( ) Delete  
Name: WILSON, PATRICIA  
Address: 2028 TUILERIES COVE  
City-St-Zip: BILOXI, MS 39531

Title: ST ( ) Delete  
Name: WHITBY, MS. JACQUELINE  
Address: 209 FAIRWAY DR.  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: WHITBY, JACQUELINE  
Address: 222 STATE RD 60 E  
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P T WILSON

DC

02/27/2008

Electronic Signature of Signing Officer or Director

Date