

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060082

FILED
Mar 28, 2011
Secretary of State

Entity Name: RIDGE SECURITY TITLE, INC.

Current Principal Place of Business:

21031 HWY 27
LAKE WALES, FL 33853

New Principal Place of Business:

36248 HWY 27
HAINES CITY, FL 33844

Current Mailing Address:

222 STATE RD 60 E
LAKE WALES, FL 33853

New Mailing Address:

PO BOX 3400
ATTN: ACCOUNTING DEPT
LAKE WALES, FL 33859

FEI Number: 04-3674116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, TIM E
222 STATE RD 60 E
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC
Name: WILSON, LATIMER T
Address: 200 AIRPORT RD
City-St-Zip: FROSTPROOF, FL 33843

Title: DP
Name: LITTLETON, GREGORY
Address: 275 LAKE LINK RD
City-St-Zip: WINTER HAVEN, FL 33884

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

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

Title: ST
Name: BROWN, TIM E CFO
Address: 222 STATE RD 60 E
City-St-Zip: LAKE WALES, FL 33853

I hereby 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 all other like empowered.

SIGNATURE: GREG LITTLETON

DP

03/28/2011

Electronic Signature of Signing Officer or Director

Date