


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90368 011 ***150.00

DOCUMENT # P03000034691 1. Entity Name RIDGE HOLDINGS, INC.					
Principal Place of Business 28100 U.S. HIGHWAY 19 NORTH, SUITE 300 CLEARWATER, FL 33761			Mailing Address 28100 U.S. HIGHWAY 19 NORTH, SUITE 300 CLEARWATER, FL 33761		
2. Principal Place of Business 200 North Pine Avenue		3. Mailing Address 200 North Pine Avenue			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A			
City & State Oldsmar, FL		City & State Oldsmar, FL			
Zip 34677		Country US		4. FEI Number 20-2486718	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent RABIN, BENNETT L ESQ. 200 NORTH PINE AVENUE SUITE A OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRUDNY, MICHAEL J 28100 U.S. HIGHWAY 19 NORTH, SUITE 300 CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY - ST - ZIP	200 North Pine Avenue, Suite A Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD RABIN, BENNETT L 28100 U.S. HIGHWAY 19 NORTH, SUITE 300 CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY - ST - ZIP	200 North Pine Avenue, Suite A Oldsmar, FL 34677	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 supplement thereto 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: <u>Bennett L. Rabin, V.P</u> 4-27-06 (727) 796-1122 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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