

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 13, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000095005

1. Entity Name
OLD RIDGE ROAD CORP.



Principal Place of Business
**8150 BRENT STREET
PORT RICHEY, FL 34668**

Mailing Address
**C/O ERDHEIM
732 CENTRAL AVE
WOODMERE, NY 11598**



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0206941

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KAISER, RAY
8150 BRENT ST
PORT RICHEY, FL 34668**

**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

**000000768773
07/13/07-80012-005 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KAISER, RAY
8150 BRENT STREET
PORT RICHEY, FL 34668**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
KAISER, KURT
8150 BRENT STREET
PORT RICHEY, FL 34668**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
KAISER, ROBERT
8150 BRENT STREET
PORT RICHEY, FL 34668**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Ray Kaiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/07