

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000106481 1. Entity Name RIDGE TRAIL FINANCE, INC.	
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Principal Place of Business 319 RIVEREDGE BLVD. SUITE 218 COCOA, FL 32922	Mailing Address 319 RIVEREDGE BLVD. SUITE 218 COCOA, FL 32922
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03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0587866	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MINOT, MICHAEL S
319 RIVEREDGE BLVD.
SUITE 218
COCOA, FL 32922

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P MINOT, MICHAEL S 319 RIVEREDGE BLVD., SUITE 218 COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MINOT, MICHAEL S 319 RIVEREDGE BLVD., SUITE 218 COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC MINOT, MICHAEL S 319 RIVEREDGE BLVD., SUITE 218 COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA MINOT, MICHAEL S 319 RIVEREDGE BLVD., SUITE 218 COCOA, FL 32922
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03/21/05-80012-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
MICHAEL S. MINOT

3/18/05

Date

321-639-1300

Daytime Phone #