


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-17-2004 90003 013 \*\*\*550.00

<b>DOCUMENT # P03000151136</b> 1. Entity Name <b>RIDGEWAY TIMBER, INC.</b>					
Principal Place of Business <b>7200 SW 8TH AVENUE #120 GAINESVILLE, FL 32607</b>			Mailing Address <b>7200 SW 8TH AVENUE #120 GAINESVILLE, FL 32607</b>		
2. Principal Place of Business <b>9159 SW 15th Ct.</b>		3. Mailing Address <b>P.O. Box 499</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>TRENTON FL</b>		City & State <b>TRENTON FL</b>		4. FEI Number <b>20-0480203</b>	
Zip <b>32693</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIDGEWAY, CELESTE G 7200 SW 8TH AVENUE #120 GAINESVILLE, FL 32607</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>9159 SW 15th Ct.</b> <b>P.O. Box 499</b> City <b>TRENTON</b> <b>FL</b> Zip Code <b>32693</b>		
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 <u><i>Celeste S. Ridgeway</i></u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">9/13/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>RIDGEWAY, DUANE J</b> <b>7200 SW 8TH AVENUE #120</b> <b>GAINESVILLE, FL 32607</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9159 SW 15th Ct.</b> <b>TRENTON FL 32693</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVST</b> <b>RIDGEWAY, CELESTE G</b> <b>7200 SW 8TH AVENUE #120</b> <b>GAINESVILLE, FL 32607</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9159 SW 15th Ct.</b> <b>TRENTON FL 32693</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, TRACY</b> <b>750 NE 155 ST.</b> <b>TRENTON, FL 32693</b> <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	<b>D</b> <b>PARRISH, WILLIAM P</b> <b>14354 NW 60TH AVE.</b> <b>CHIEFLAND, FL 32626</b> <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	
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.					
<b>SIGNATURE:</b> <u><i>Celeste S. Ridgeway</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>9/13/04</u> <small>Date</small>		<u>(352) 463-6013</u> <small>Daytime Phone #</small>

**24085488**



09142004 Chg-P CR2E034 (10/03)