


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000151136</b> 1. Entity Name <b>RIDGEWAY TIMBER, INC.</b>	
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Principal Place of Business <b>9159 SW 15TH CT TRENTON, FL 32693</b>	Mailing Address <b>P.O. BOX 499 TRENTON, FL 32693</b>
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02022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0480203</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>RIDGEWAY, CELESTE G 9159 SW 15TH CT P.O. BOX 499 TRENTON, FL 32693</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000230347 02/15/05-80039-011 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIDGEWAY, DUANE J 9159 SW 15TH CT TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST RIDGEWAY, CELESTE G 9159 SW 15TH CT TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TRACY 750 NE 155 ST. TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, WILLIAM P 14354 NW 60TH AVE. CHIEFLAND, FL 32626
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 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:** Celeste G. Ridgeway CELESTE G. RIDGEWAY 2/15/05 (352) 463-6013  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #