

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P04000043866

1. Entity Name

RIDAUGHT INSURANCE AGENCY, INC.



**FILED  
Apr 20, 2005 8:00 am  
Secretary of State**

04-20-2005 90352 033 \*\*\*150.00

50040818



1st MOORE CR2E034 (10/04)

Principal Place of Business  204 N. ORANGE AVENUE GREEN COVE SPRINGS FL 32043 US	Mailing Address  7080 IMMOKALEE ROAD KEYSTONE HEIGHTS FL 32656 US
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State  City & State	City & State  City & State
Zip	Country
6. Name and Address of Current Registered Agent  NEWELL, PAUL D 260A LAWRENCE BLVD. SUITE 201 KEYSTONE HEIGHTS FL 32656	

4. FEI Number  20-0862766	Applied For  Not Applicable
5. Certificate of Status Desired  □	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code	

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 *Cynthia L Ridought*

(NOTE: Registered Agent signature required when reinstating)

DATE *4-18-05*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$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	P/D RIDAUGHT, CYNTHIA L 7080 IMMOKALEE ROAD KEYSTONE HEIGHTS FL 32656	<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 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: *Cynthia L Ridought*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*204-6841*