

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043866

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: RIDAUGHT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1045 N ORANGE AVENUE, SUITE 1  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

7080 IMMOKALEE ROAD  
KEYSTONE HEIGHTS, FL 32656 US

**New Mailing Address:**

FEI Number: 20-0862766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWELL, PAUL D  
260A LAWRENCE BLVD.  
SUITE 201  
KEYSTONE HEIGHTS, FL 32656 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: RIDAUGHT, CYNTHIA L OWNER  
Address: 7080 IMMOKALEE ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: RIDAUGHT, CYNTHIA L PRES  
Address: 7080 IMMOKALEE ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA L RIDAUGHT

PRES

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date