

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069840

FILED  
Jun 30, 2005  
Secretary of State

**Entity Name:** RIDGE INSURANCE & FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

1533 MEETING PLACE  
ORLANDO, FL 32814

**New Principal Place of Business:**

1567 MEETING PLACE  
ORLANDO, FL 32814

**Current Mailing Address:**

204 E SOUTH ST  
APT 5056  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 20-1061620      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RIDGE, AMY K  
204 E SOUTH ST  
APT 5056  
ORLANDO, FL 32801 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RIDGE, AMY K  
Address: 204 E SOUTH ST #5056  
City-St-Zip: ORLANDO, FL 32801

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMY K RIDGE

P

06/30/2005

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

\_\_\_\_\_  
Date