2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000131324

1. Entity Name

S & S RIDGE ENTERPRISES, INC.



FILED Aug 01, 2006 08:00 A Secretary of State

Principal Place of Business

10549-54 AVE NORTH MADEIRA BCH, FL 33708 Mailing Address

10549-54 AVE NORTH MADEIRA BCH, FL 33708



DO NOT WRITE IN THIS SPACE

07232006

No Chg-P

CR2E034 (11/05)

4. FEI Number 33-1101071 Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional

6. Name and Address of Current Registered Agent

COHEN, ROBERT F CPA 2918 BUSCH LAKE BLVD. TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

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 Signature, typed or prinked name of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
FILE NOWI!! FRE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finantity Trust Fund Contribution.			~	\$5.00 May Be Added to Fees	(n accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. TITLE	OFFICERS AND DIRE	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	RIDGE, STEPHEN B 10549-54 AVE NORTH MADEIRA BCH, FL 33708			900000573010 08/01/06-80010-001 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDGE, SUSAN E 10549-54 AVE NORTH MADEIRA BCH, FL 33708				ook of he essets dot 190.19
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-2IP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 any address, with all other like empowered.

SIGNATURE:

ALAL THE OR PRINTED NAME OF STATING OFFICER OR DIRECTOR

July 24,

(727)398-300

Daytime Phone #