2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000148961

1. Entity Name
ROCK SPRINGS RIDGE, INC.

Principal Place of Business

401 FERGUSON DR
ORLANDO, FL 32805

Mailing Address

401 FERGUSON DR
ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

01152007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1810236	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUQUA, JEFFRY B
401 FERGUSON DR
ORLANDO, FL 32805

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	FUQUA, JEFFRY B
STREET ADDRESS	401 FERGUSON DR
CITY-ST-ZIP	ORLANDO, FL 32805

TITLE	D
NAME	FANT, JAMES H
STREET ADDRESS	286 SADDLEWORTH PLACE
CITY-ST-ZIP	HEATHROW, FL 32746

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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01/26/07-80085-007 150.00

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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 an address, with all other like empowered.

SIGNATURE: _____   1-15-07   407-293-6362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #