2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 06, 2004 8:00 am Secretary of State DOCUMENT # P93000054113 1. Entity Name 02-06-2004 90010 038 ***150.00 RIDGEWOOD OF AVON PARK, INC. Principal Place of Business Mailing Address 4516 E. KINSEY ROAD. 4516 E. KINSEY ROAD **AVON PARK FL 33825 AVON PARK FL 33825** 2. Principal Place of Business 3. Mailing Address 3018outh Fear 301 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number Park 65-0469660 Not Applicable Country Zip 33825 Country \$8.75 Additional 5. Certificate of Status Desired 33825 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Harstine, J.A. HARSTINE, J.A. Street Address (P.O. Box Number is Not Acceptable) 4516 E. KINSEY ROAD **AVON PARK FL 33825** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PSTD** ☐ Delete TITLE TITLE ☐ Addition Davis, Rodney A. 301 South Feagin Avenue Avon Park, FL 33825 DAVIS, RODNEY A NAME STREET ADDRESS 4516 E. KINSEY ROAD STREET ADDRESS CITY-ST-ZIP AVON PARK FL 33825 CITY-ST-ZIP ۷D Delete Change ■ Addition TITLE Harstine, J.A. NAME HARSTINE, J.A. 301 Bouth Featin Avenue 4516 E. KINSEY ROAD STREET ADDRESS STREET ADDRESS Park, FL 33825 CITY-ST-ZIP **AVON PARK FL 33825** CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trostee 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.

FILED

Daytime Phone #