

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000068299

FILED  
Mar 29, 2007  
Secretary of State

Entity Name: CENTRAL RIDGE, INC.

## Current Principal Place of Business:

1216 SOUTH SCENIC HIGHWAY  
POST OFFICE BOX 545  
FROSTPROOF, FL 33843 US

## New Principal Place of Business:

225 N. SCENIC HWY.  
FROSTPROOF, FL 33843 US

## Current Mailing Address:

P. O. BOX 545  
FROSTPROOF, FL 33843 US

## New Mailing Address:

FEI Number: 59-3214772      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, MARY RUTH  
1 AIRPORT RD  
PO BOX 545  
FROSTPROOF, FL 33843 US

## Name and Address of New Registered Agent:

WILSON, MARY RUTH  
200 AIRPORT RD  
FROSTPROOF, FL 33843 US

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: \_\_\_\_\_

03/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: SULLIVAN, PAUL STEPHEN  
Address: 1110 NO ROBERTS RD  
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete  
Name: SULLIVAN, INEZ KING  
Address: 1216 SOUTH SCENIC HIGHWAY  
City-St-Zip: FROSTPROOF, FL 33843

Title: DP ( ) Delete  
Name: WILSON, MARY RUTH SULL  
Address: 1 AIRPORT ROAD  
City-St-Zip: FROSTPROOF, FL 33843

Title: DST ( ) Delete  
Name: SULLIVAN, VICTORIA I  
Address: 211 E. CELESTE  
City-St-Zip: NEW IBERIA, LA 70562

Title: DVP ( ) Delete  
Name: LITTLEFORD, ELAINE SULLIVA  
Address: 975 FINROD WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: DVP ( ) Delete  
Name: SULLIVAN, NANCY  
Address: 4008 PRESTIGE COURT  
City-St-Zip: GROVE CITY, OH 43123

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (X) Change ( ) Addition  
Name: WILSON, MARY RUTH SULL  
Address: 200 AIRPORT ROAD  
City-St-Zip: FROSTPROOF, FL 33843

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

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

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 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: MARY RUTH WILSON

PRES

03/29/2007

Electronic Signature of Signing Officer or Director

Date