

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000068299

Entity Name: CENTRAL RIDGE, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

225 N. SCENIC HWY.
FROSTPROOF, FL 33843 US

New Principal Place of Business:

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
200 AIRPORT RD
FROSTPROOF, FL 33843 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

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: 200 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: 2836 TRADITIONS BLVD SOUTH
City-St-Zip: WINTER HAVEN, FL 33884

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

Title: () Change () Addition
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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 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

DP

03/10/2009

Electronic Signature of Signing Officer or Director

Date