2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000068299

Entity Name: CENTRAL RIDGE, INC.

FILED Feb 01, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

225 N. SCENIC HWY.

FROSTPROOF, FL 33843 US

Current Mailing Address: New Mailing Address:

P. O. BOX 545

FROSTPROOF, FL 33843 US

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

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVF

Name: SULLIVAN, PAUL STEPHEN Address: 1110 NO ROBERTS RD City-St-Zip: AVON PARK, FL 33825

Title: [

Name: SULLIVAN, INEZ KING

Address: 1216 SOUTH SCENIC HIGHWAY City-St-Zip: FROSTPROOF, FL 33843

Title: DP

Name: WILSON, MARY RUTH SULL Address: 200 AIRPORT ROAD City-St-Zip: FROSTPROOF, FL 33843

Title: DST

 Name:
 SULLIVAN, VICTORIA I

 Address:
 P. O. BOX 3124

 City-St-Zip:
 SEWANEE, TN 37375

Title: DVP

Name: LITTLEFORD, ELAINE SULLIVA
Address: 2836 TRADITIONS BLVD SOUTH
City-St-Zip: WINTER HAVEN, FL 33884

Title: DVP

 Name:
 SULLIVAN, NANCY

 Address:
 4008 PRESTIGE COURT

 City-St-Zip:
 GROVE CITY, OH 43123

I hereby 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 all other like empowered.

SIGNATURE: MARY RUTH WILSON DP 02/01/2010