

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000068299

Entity Name: CENTRAL RIDGE, INC.

FILED  
Jan 24, 2011  
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

**OFFICERS AND DIRECTORS:**

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

Title: D  
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: 1216 S SCENIC HWY  
City-St-Zip: FROSTPROOF, FL 33843

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

01/24/2011

Electronic Signature of Signing Officer or Director

Date