2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# P93000068299

Entity Name: CENTRAL RIDGE, INC.

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 INC.
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: 5841 SAFFRON AVE
City-St-Zip: GALLOWAY, OH 43119

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 SULLIVAN WILSON DP 01/10/2012

Electronic Signature of Signing Officer or Director Date