

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000003097
1. Entity Name
ETHRIDGE CONSTRUCTION OF MARION COUNTY, INC.



Principal Place of Business
702 S. MAGNOLIA AVE.
UNIT #2
OCALA, FL 34474

Mailing Address
702 S. MAGNOLIA AVE.
UNIT #2
OCALA, FL 34474



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3223958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ETHRIDGE, MICHAEL
702 S. MAGNOLIA AVE.
UNIT #2
OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ETHRIDGE, MICHAEL E
STREET ADDRESS	702 S. MAGNOLIA AVE. UNIT 2
CITY - ST - ZIP	OCALA, FL 34474
TITLE	S
NAME	ETHRIDGE, TRACEY
STREET ADDRESS	702 S. MAGNOLIA AVE. UNIT 2
CITY - ST - ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000382008
01/11/06-80078-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06
Date
352-351-0077
Daytime Phone #