


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000008662</b>	
1. Entity Name <b>RIDGEWOOD HOMES, INC.</b>	

Principal Place of Business <b>101 SPANISH MOSS RD DAVENPORT, FL 33837</b>	Mailing Address <b>101 SPANISH MOSS RD DAVENPORT, FL 33837</b>
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3324241</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BRANDON, JACK 130 EAST CENTRAL AVE. LAKE WALES, FL 33853</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LEWO, JOE 101 SPANISH MOSS RD DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SCOTT, MARK 101 SPANISH MOSS RD DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANDON, JACK 130 E CENTRAL AVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, SAM 101 SPANISH MOSS ROAD DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LOU, GERALD 101 SPANISH MOSS ROAD DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000008205  
01/20/04-80055-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gerald Lou* *Asst. Secretary* 1/5/04 863-424-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #