

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P940Q0021630**

**1. Entity Name**

**HOLDRIDGE INVESTMENT CORPORATION**



**Principal Place of Business**

**689 RUDDER ROAD  
NAPLES, FL 34102**

**Mailing Address**

**689 RUDDER ROAD  
NAPLES, FL 34102**



**08022004 No Chg-P CR2E034 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0476919**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**REMMINGTON, ROBIN  
689 RUDDER ROAD  
NAPLES, FL 34102**

**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 \$550.00  
Due by September 8, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**U00000169625  
08/09/04-80004-011 550.00**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
**DPT**  
**REMMINGTON, ROBIN**  
**689 RUDDER ROAD**  
**NAPLES, FL 341028032**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

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**CITY- ST- ZIP**

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:**

**Robin Remington**  
**Robin Remington, President**  
**8/2/04**  
**239-261-6647**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #