

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90272 037 \*\*\*150.00

**DOCUMENT # P94000090685**

1. Entity Name  
**DOGWOOD RIDGE DEVELOPMENT CORPORATION**



Principal Place of Business  
**2708 BELLEWATER PL  
OVIEDO, FL 32765**

Mailing Address  
**2708 BELLEWATER PL  
OVIEDO, FL 32765**

**20046414**

2. Principal Place of Business

**100 S. Kentucky Ave.  
Ste. 255**

3. Mailing Address

**PO Box 1645**

City & State

**Lakeland, FL**

City & State

**Lakeland, FL**

Zip  
**33801**

Country  
**USA**

Zip  
**33802**

Country  
**USA**

04222005

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3284506**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COOMBER, BARBARA  
2708 BELLEWATER PL  
OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

Name **Barbara Coomber Reed**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 S. Kentucky Ave**  
**Ste 255**  
City **Lakeland** FL Zip Code **33801**

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

**Barbara Coomber Reed, Pres. 4-22-05**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **COOMBER, BARBARA**  
STREET ADDRESS **2708 BELLEWATER PL**  
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **VS** ☐ Delete  
NAME **COOMBER, JESSE J**  
STREET ADDRESS **2708 BELLEWATER PL**  
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Barbara Coomber Reed**  
STREET ADDRESS **1017 Pennsylvania Ave.**  
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **VS** ☒ Change ☐ Addition  
NAME **Jesse J Coomber**  
STREET ADDRESS **6916 Consolata St.**  
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**Barbara Coomber Reed**

**4-22-05**

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(863)**

**688-9848**