

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

|  |   |                                 |   |  |  |
|--|---|---------------------------------|---|--|--|
| <b>DOCUMENT # P94000092524</b><br>1. Entity Name<br><b>RIDGE TANK LINE, INC.</b>   |   |                                 |   |  |  |
| Principal Place of Business<br><b>3930 ROLLING HILLS WEST<br/>LAKE WALES FL 33853</b>  |   |                                 | Mailing Address<br><b>3930 ROLLING HILLS WEST<br/>LAKE WALES FL 33853</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   |                                 | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.  |   |                                 | Suite, Apt. #, etc.   |  |  |
| City & State   |   |                                 | City & State  |  |  |
| Zip  |   | Country                         |   | Zip  |  |
| Country  |   | Country                         |   | 4. FEI Number <b>59-3285890</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                                 |   | Applied For <input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COLLINS, WADE<br/>3930 ROLLING HILLS WEST<br/>LAKE WALES FL 33853</b>  |   |                                 |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |   |                                 |   |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2007 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 55%;">         9. Election Campaign Financing <b>\$5.00</b> May Be<br/>         Trust Fund Contribution. <input type="checkbox"/> Added to Fees       </div> </div> |   |                                 |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>COLLINS, WADE<br>3930 ROLLING HILLS WEST<br>LAKE WALES FL 33853    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | 000000611843<br>02/02/07-80079-014 150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>COLLINS, ONITA A<br>3930 ROLLING HILLS WEST<br>LAKE WALES FL 33853 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Wade Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #