2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P96000048027

1. Entity Name
RIPE & READY, INC.

Principal Place of Business	Mailing Address
6861 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32217	6861 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32217

02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3392157
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAT M. FOWLER PA
155-5 BLANDING BLVD.
ORANGE PARK, FL 32073

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	PARSONS, JAMES CHRISTOP
STREET ADDRESS	7504 WHEAT ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	PARSONS, SAMANTHA
STREET ADDRESS	7504 WHEAT RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

B 3/21/07

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: Samantha M Parsons 3-14-07 904-731-8216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LUCINDA L GALLAGHER, P. L.
1232 CREEK BEND ROAD
FRUIT COVE, FL 32259
PHONE 904-287-1885

February 23, 2007

Florida Division of Corporations
Attn: Tyrone Scott
P. O. Box 6327
Tallahassee, FL 32314

RE: Ripe & Ready, Inc.
Doc # P-960000-48027

Dear Mr. Scott,

Pursuant to our conversation, enclosed please find the completed corporate annual report for the above company. As discussed, the report filing fee was paid by credit card and a check from the owner.

Please apply 1 of the payment to the filing fee for this report.

If you have any questions, please call me at the above number.

Sincerely,
Lucinda L. Gallagher, CPA

Encl.