

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000049098

1. Entity Name

LONG RIDGE DEVELOPMENT CORPORATION



Principal Place of Business

9630 MCCORMACK PLACE
WINDERMERE, FL 34786

Mailing Address

9630 MCCORMACK PLACE
WINDERMERE, FL 34786



04252004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3386173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASHBURN, ERIC S
102 E. MAPLE STREET
WINTER GARDEN, FL 34787

**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 \$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	D
NAME	BEHAN, ALAN
STREET ADDRESS	9630 MCCORMACK PLACE
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	BEHAN, KEITH
STREET ADDRESS	9630 MCCORMACK PLACE
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	BEHAN, BARBARA
STREET ADDRESS	9630 MCCORMACK PLACE
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000140875
04/29/04-80177-014 150.00

**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)(f), 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:

Keith Behan KEITH BEHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

407-876-1319
Daytime Phone #