FILED
Jul 16, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000102035

1. Entity Name
E. T. SOUTHRIDGE, INC.

Principal Place of Business	Mailing Address
1401 E BROWARD BLVD. SUITE 206 FT. LAUDERDALE, FL 33301	1401 E BROWARD BLVD. SUITE 206 FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

07132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0297679
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KELLEY, PATRICK G
1401 E BROWARD BLVD.
SUITE 206
FT. LAUDERDALE, FL 33301

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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 annual filing)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TSCHANNEN, ERNEST E
STREET ADDRESS	6029 WOODMINSTER CIRCLE
CITY-ST-ZIP	ORANGEVALE, CA 95662
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SORRY FOR THE DELAY, I WAS 2 MONTHS IN THE HOSPITAL WITH BRAIN TUMOR OPERATION

U00000155614
07/16/04-80004-004 150.00

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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: Ernest E Tschannen 7-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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