

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000034423

1. Entity Name
RIDGE-MOSS PROPERTIES, INC.



Principal Place of Business
**1160 W DESOTO ST
CLERMONT, FL 34711**

Mailing Address
**145 E. BROAD STREET, P.O. BOX 447
GROVELAND, FL 34736**



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3514899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WYNN, W. SCOTT ESQUIRE
145 E. BROAD STREET
GROVELAND, FL 34736**

**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, 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 NAME STREET ADDRESS CITY - ST - ZIP	DP IRVIN, DAVID H 9123 MOSSY OAK LANE CLERMONT, FL 34711
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GREEN, DOUGLAS 12604 LAKE RIDGE CIRCLE CLERMONT, FL 34711
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST IRVIN, DAVID 9123 MOSSY OAK LANE CLERMONT, FL 34711
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**DO NOT WRITE
IN THIS SPACE**

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02/14/05-80038-020 150.00

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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05 352-241-4886

Date

Daytime Phone #