

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90017 018 ***150.00

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1. Entity Name
RIDGELL PAINTING, INC.



Principal Place of Business
20405 SW 30TH AVE.
NEWBERRY, FL 32669

Mailing Address
20405 SW 30TH AVE.
NEWBERRY, FL 32669

94046600



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3567432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RIDGELL, THOMAS M
20405 SW 30TH AVE.
NEWBERRY, FL 32669

**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	P
NAME	RIDGELL, GARY S
STREET ADDRESS	P.O. BOX 4285 - 288 Old Hawthorne Road
CITY-ST-ZIP	NEWBERRY, FL 32669 Hawthorne, FL 32640

TITLE	VPT
NAME	RIDGELL, THOMAS M
STREET ADDRESS	20405 S.W. 30TH AVENUE
CITY-ST-ZIP	NEWBERRY, FL 32669

TITLE	S
NAME	RIDGELL, JOAN
STREET ADDRESS	P.O. BOX 4285 - 288 Old Hawthorne Road
CITY-ST-ZIP	NEWBERRY, FL 32669 Hawthorne, FL 32640

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-04 352 538 2521

Date

Daytime Phone #

GARY S. Ridgell