

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000020389

1. Entity Name
RIDGELL PAINTING, INC.



FILED

06 JUL 21 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business
288 Old Hawthorne Rd
Suite, Apt. #, etc.

3. Mailing Address
288 Old Hawthorne Rd
Suite, Apt. #, etc.

City & State
Hawthorne FL
Zip Country
32640 Putnam

City & State
Hawthorne FL
Zip Country
32640 Putnam

07182006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3567432

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RIDGELL, THOMAS M
20405 SW 30TH AVE.
NEWBERRY, FL 32669

7. Name and Address of New Registered Agent
Name
Gary S. Ridgell
Street Address (P.O. Box Number is Not Acceptable)
288 Old Hawthorne Rd
Hawthorne FL 32640
City FL Zip Code

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 Gary S. Ridgell Gary S. Ridgell, President 7-18-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	RIDGELL, GARY S
STREET ADDRESS	288 OLD HAWTHORNE ROAD
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	VPT ☒ Delete
NAME	RIDGELL, THOMAS M
STREET ADDRESS	20405 S.W. 30TH AVENUE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	S ☐ Delete
NAME	RIDGELL, JOAN
STREET ADDRESS	288 OLD HAWTHORNE ROAD
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	100078067211
CITY-ST-ZIP	07/27/06--01047--021 **70.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Gary S. Ridgell Gary S. Ridgell, President 7-18-06 352 481 0102
Signature and typed or printed name of signing officer or director Date Daytime Phone #