

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90026 042 ***150.00

DOCUMENT # S04153

1. Entity Name
LAUREL RIDGE INVESTMENT GROUP, INC.



Principal Place of Business
7257 BEE RIDGE RD
SARASOTA, FL 34241

Mailing Address
7257 BEE RIDGE RD
SARASOTA, FL 34241

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0218595

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZIMNY, CAROLYN S
7257 BEE RIDGE ROAD
SARASOTA, FL 34241

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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	PD
NAME	ZIMNY, ROBERT S
STREET ADDRESS	2912 ALEX MCKAY PLACE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VD
NAME	ZIMNY, CAROLYN S
STREET ADDRESS	2912 ALEX MCKAY PLACE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	SD
NAME	HOGAN, CHERYL A
STREET ADDRESS	11523 PIMPERNEL DRIVE
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	TD
NAME	KLINGEL, DENISE M
STREET ADDRESS	7920 OSPREY HAMMOCK COURT
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Denise Klingel / Denise Klingel Treasurer 1/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #