


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

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

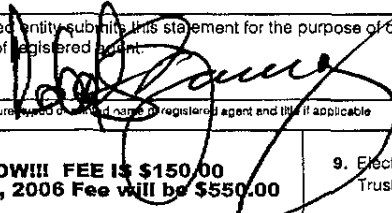


01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0218595	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 ZIMNY, CAROLYN S 7257 BEE RIDGE ROAD SARASOTA, FL 34241
--

**DO NOT WRITE
IN THIS SPACE**

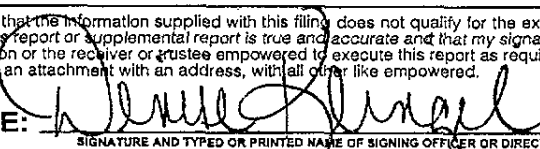
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.	
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZIMNY, ROBERT S 2912 ALEX MCKAY PLACE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ZIMNY, CAROLYN S 2912 ALEX MCKAY PLACE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOGAN, CHERYL 2351 RICH ROAD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KLINGEL, DENISE M 7920 OSPREY HAMMOCK COURT SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000561307
05/19/06-80009-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 4/27/06 Daytime Phone #: 941-379-4646