

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S38092

**Entity Name:** RIDGEFIELD HYPNOSIS, INC.

**Current Principal Place of Business:**

185 NOD RD  
RIDGEFIELD, CT 06877

**Current Mailing Address:**

185 NOD RD  
RIDGEFIELD, CT 06877 US

**FEI Number:** 65-0266798

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            SILVER, ROBERT B  
Address        6484 NW 42ND WAY  
City-State-Zip: BOCA RATON FL 33496

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT SILVER

**PRESIDENT**

**04/17/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date