


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L38599
1. Entity Name
PRIDE HOLDING, INC.



Principal Place of Business Mailing Address
2139 PALM BEACH LAKES BLVD **2139 PALM BEACH LAKES BLVD**
W PALM BEACH, FL 33409 **W PALM BEACH, FL 33409**



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0165895 Not Applicable

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

6. Name and Address of Current Registered Agent
TRUE, DAVID R
2139 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00 May Be**
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SEARCY, CHRISTIAN D. 2139 PALM BEACH LAKES W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENNEY, EARL L., JR. 2139 PALM BEACH LAKES W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TRUE, DAVID R 2139 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>David R. True</i>

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**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: *David R. True* *Secretary April 12, 2006 561-686-6300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #