


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L38599 1. Entity Name PRIDE HOLDING, INC.	
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Principal Place of Business 2139 PALM BEACH LAKES BLVD W PALM BEACH, FL 33409	Mailing Address 2139 PALM BEACH LAKES BLVD W PALM BEACH, FL 33409
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**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0165895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000886872  
04/18/08-80075-017 150.00

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 David R. True 4/7/08 561-686-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #