

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006828

FILED  
Feb 09, 2012  
Secretary of State

Entity Name: BORN AGAIN TO RIDE, INC.

**Current Principal Place of Business:**

18320 CRAWLEY RD  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

18320 CRAWLEY RD  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 37-1565334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEISSE, MARSHA CPA  
4110 KENSINGTON AVE  
TAMPA, FL 33629 US

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

HARRELL, MICHAEL  
18320 CRAWLEY RD.  
ODESSA, FL 33556 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: MICHAEL E HARRELL

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HARRELL, MICHAEL E  
Address: 18320 CRAWLEY RD  
City-St-Zip: ODESSA, FL 33556

Title: VP  
Name: HONRATH, GENE  
Address: 18320 CRAWLEY RD  
City-St-Zip: ODESSA, FL 22556

Title: ST  
Name: JACK, MURPHY  
Address: PO BOX 1164  
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D  
Name: BURNS, ROBERT  
Address: 7251 EXEMPLER  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D  
Name: KILLEBREW, CHARLES  
Address: 146 BARDIN EST CIRCLE  
City-St-Zip: PALATKA,, FL 32177

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL E HARRELL

PRES

02/09/2012

Electronic Signature of Signing Officer or Director

Date