


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000064170**

1. Entity Name  
**RIDERS G. P., INC.**



Principal Place of Business      Mailing Address

170 SUNPORT LANE      170 SUNPORT LANE  
 SUITE 900      SUITE 900  
 ORLANDO, FL 32809 US      ORLANDO, FL 32809 US

**DO NOT WRITE IN THIS SPACE**



01052006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**43-1690428**      Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAY, DAVID**  
**170 SUNPORT LANE**  
**SUITE 900**  
**ORLANDO, FL 32809**

**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 re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAY, DAVID 170 SUNPORT LANE SUITE 900 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUPONT, JR. S 140 WATERWAY LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000443367  
 03/06/06-80003-017 158.75

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:       2/21/06      305 329.2993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #