


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 703609</b> 1. Entity Name <b>TRAILRIDERS CLUB, INC.</b>	
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Principal Place of Business <b>370 FORSYTHIA WAY PINETTA, FL 32350 US</b>	Mailing Address <b>P O BOX 51 PINETTA, FL 32350 US</b>
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02252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HUDSON, RALPH 370 FORSYTHIA WAY PINETTA, FL 32350</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	PD HUDSON, RALPH 370 FORSYTHIA WAY PINETTA, FL 32350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANNA, DONNA 2195 WILSON LANE MALABAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUDSON, LACEY 370 FORSYTHIA WAY PINETTA, FL 32350
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000247250  
03/01/05-80014-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:** Lacey A Hudson (LACEY A HUDSON) 2-28-05 850 929 2577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #