


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90080 019 \*\*\*\*61.25

<b>DOCUMENT # 769683</b> 1. Entity Name <b>THE TRIPLE B RIDING CLUB INC.</b>					
Principal Place of Business <b>RIVERVIEW CIVIC CENTER 11020 PARK ROAD RIVERVIEW, FL 33568</b>			Mailing Address <b>P. O. BOX 6313 BRANDON, FL 33508 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BOYETTE, RICK 4805 NESMITH ROAD PLANT CITY, FL 33567</b>					
7. Name and Address of New Registered Agent Name <b>JAMES A. WATKINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3205 SHADY OAK DR E</b> City <b>LAKE LAND</b> FL Zip Code <b>33810</b>					
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 <b>JAMES A. WATKINS</b> <i>James A. Watkins</i> <b>4-2-07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOYETTE, RICK</b> <input checked="" type="checkbox"/> Delete <b>4805 NESMITH ROAD</b> <b>PLANT CITY, FL 335674</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JAMES A. WATKINS</b> <b>PO BOX 1944</b> <b>LAKE LAND FL 33802</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>SAPP, MARYLOU</b> <b>1205 S. EVERS STREET</b> <b>PLANT CITY, FL 33563</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>MAGRUDER, JULIE</b> <b>12329 YELLOW ROSE CIR.</b> <b>RIVERVIEW, FL 33569</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>MEREDITH, ROSEMARY</b> <b>7505 LOGHOUSE ROAD</b> <b>PLANT CITY, FL 33565</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB</b> <input checked="" type="checkbox"/> Delete <b>MCLAMB, TERRY</b> <b>837 JERRY SMITH ROAD</b> <b>DOVER, FL 33527</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RICK BOYETTE</b> <b>4805 NESMITH ROAD</b> <b>PLANT CITY, FL 335674</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB</b> <input type="checkbox"/> Delete <b>DEMPDEY, TERRI</b> <b>2910 STEARNS ROAD</b> <b>VALRICO, FL 33594</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>James A. Watkins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-2-07</b> <small>Date</small>		<b>463 559 6219</b> <small>Daytime Phone #</small>