2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

## Feb 03, 2004 08:00 AM DOCUMENT # H55442 **Secretary of State** 1. Entity Name V. & W. RIDER CO., INC. Principlal Place of Business Mailing Address C/O WINIFRED RIDER 16134 SNOW MEMORIAL HWY BROOKSVILLE FL 34601 C/O WINIFRED RIDER 16134 SNOW MEMORIAL HWY BROOKSVILLE FL 34601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2602189 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIDER, WINIFRED Street Address (P.O. Box Number is Not Acceptable) 16134 SNOW MEMORIAL HWY BROOKSVILLE FL 34601 City Zip Code 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, typod or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Delete TIBLE Change Addition TITLE NAME RIDER, V. D., JR. NAME U00000032087 STREET ADDRESS 16134 SNOW MEMORIAL HWY 02/04/04-80176-001 150.00 STREET ADDRESS BROOKSVILLE FL CTTY - S1 - Z3P C3TY -ST - Z3P VD Change ☐ Addition ☐ Delete TITLE BBF NAME RIDER, WINIFRED 38.7.2Vc 16134 SNOW MEMORIAL HWY STREET ADDRESS STREET ADORESS CITY-ST-ZIP BROOKSVILLE FL CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-SI-ZIP Chance Chance Addition TIME TITLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-78 CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZP CITY-ST-ZIP 3337 Defete RITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 12. I hereby certify that the information supplied with this filling 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 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. \*\*VIET PRESTORMENT\*\*

VICE PRESIDENT

WINIERED RIDER 1/28/04 357-796-9022

**FILED**