


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # J13091 1. Entity Name H. D. RIDES, INC.	
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Principal Place of Business 5000 N OCEAN BLVD Q208 BRINY BREEZES, FL 33435-7397	Mailing Address 5000 N OCEAN BLVD Q208 BRINY BREEZES, FL 33435-7397
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2668793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DOMBROSKI, BRENDA W.
1447 W. JENNINGS ST..
LANTANA, FL 33462-4124

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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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000046661 02/12/04-80009-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMBROSKI, HENRY F. 5000 N OCEAN BLVD Q208 BRINY BREEZES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOMBROSKI, MARGARET A. 5000 N OCEAN BLVD Q208 BRINY BREEZES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Margaret Dombroski 2-6-04 561-228-4311

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