

**2006 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # J13091

1. Entity Name
H. D. RIDES, INC.



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**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2668793

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

U000000411615
02/10/06-80014-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 561-278-4311

Date

Daytime Phone