


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J25983</b> 1. Entity Name <b>RIDE AMERICA, INC.</b>		
Principal Place of Business <b>C/O JIM GAINES</b> <b>5401 NORTH W STREET</b> <b>PENSACOLA, FL 32505</b>	Mailing Address <b>C/O JIM GAINES</b> <b>5401 NORTH W STREET</b> <b>PENSACOLA, FL 32505</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
<div style="display: flex; justify-content: space-between;"> <span>01122005    No Chg-P    CR2E034 (10/03)</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         4. FEI Number  <b>59-2724010</b> </div> <div style="width: 35%;">         Applied For  <input type="checkbox"/> Not Applicable       </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         5. Certificate of Status Desired    <input type="checkbox"/> </div> <div style="width: 35%;"> <b>\$8.75</b> Additional Fee Required       </div> </div>		
6. Name and Address of Current Registered Agent		
<b>GAINES, JIM</b> <b>5401 NORTH W STREET</b> <b>PENSACOLA, FL 32505</b>	<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee will be \$350.00</b> </div> <div style="width: 35%;">         9. Election Campaign Financing          Trust Fund Contribution.    <input type="checkbox"/> </div> <div style="width: 30%;"> <b>\$5.00</b> May Be Added to Fees       </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GAINES, JOYCE</b> <b>5401 NORTH W STREET</b> <b>PENSACOLA, FL</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GAINES, JIM</b> <b>5401 NORTH W STREET</b> <b>PENSACOLA, FL</b>	
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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)(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.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>Joyce Gaines</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%;"> <b>2-16-05</b>  <small>Date</small> </div> <div style="width: 40%;"> <b>850-482-0555</b>  <small>Daytime Phone #</small> </div> </div>		

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03/10/05-80037-015 150.00