
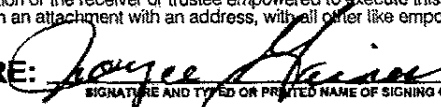


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J25983</b> 1. Entity Name RIDE AMERICA, INC.		
Principal Place of Business C/O JIM GAINES 5401 NORTH W STREET PENSACOLA, FL 32505		Mailing Address C/O JIM GAINES 5401 NORTH W STREET PENSACOLA, FL 32505
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GAINES, JIM 5401 NORTH W STREET PENSACOLA, FL 32505		<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)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	GAINES, JOYCE	
STREET ADDRESS	5401 NORTH W STREET	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	PD	
NAME	GAINES, JIM	
STREET ADDRESS	5401 NORTH W STREET	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2-5-07</b> <b>850-432-0555</b> <small>Date Daytime Phone #</small>



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2724010

Applied For
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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IN THIS SPACE**