

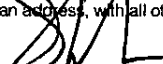


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90059 007 \*\*\*\*61.25

<b>DOCUMENT # N03000008888</b> 1. Entity Name <b>SKYRIDER FOUNDATION, INC.</b>			
Principal Place of Business <b>4511 WHITE EGRET LANE SARASOTA, FL 34236-5640</b>		Mailing Address <b>4511 WHITE EGRET LANE SARASOTA, FL 34236-5640</b>	
2. Principal Place of Business <b>7484 MARIANA DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>7484 MARIANA DR</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>	
Zip <b>34231-7922</b>	Country <b>USA</b>	Zip <b>34231-7922</b>	Country <b>USA</b>
4. FEI Number <b>54-2129788</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RIDER, LARRY V 4511 WHITE EGRET LANE SARASOTA, FL 34236-5640</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>7484 MARIANA DRIVE</b>  City <b>SARASOTA, FL</b> Zip Code <b>34231</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 		DATE <b>FEB 22, 2004</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PT</b> NAME <b>RIDER, LARRY V</b> STREET ADDRESS <b>4511 WHITE EGRET LANE</b> CITY - ST - ZIP <b>SARASOTA, FL 342365640</b>	<input type="checkbox"/> Delete	TITLE <b>7484 MARIANA DR</b> NAME <b>SARASOTA, FL 34231-7922</b> STREET ADDRESS <b>SARASOTA, FL 34231-7922</b> CITY - ST - ZIP <b>SARASOTA, FL 34231-7922</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VS</b> NAME <b>RIDER, DENISE M</b> STREET ADDRESS <b>4511 WHITE EGRET LANE</b> CITY - ST - ZIP <b>SARASOTA, FL 342365640</b>	<input type="checkbox"/> Delete	TITLE <b>7484 MARIANA DR</b> NAME <b>SARASOTA, FL 34231-7922</b> STREET ADDRESS <b>SARASOTA, FL 34231-7922</b> CITY - ST - ZIP <b>SARASOTA, FL 34231-7922</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: 		Date <b>FEB 22, 2004</b> Daytime Phone # <b>941/922-3362</b>	