
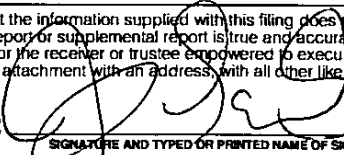


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90292 027 ****61.25

DOCUMENT # N04000001670 1. Entity Name RIDGE ROAD RIDERS, INC.																																																																																																					
Principal Place of Business 395 AVE C NW WINTER HAVEN, FL 33881			Mailing Address P O BOX 7146 WINTER HAVEN, FL 33883-7146																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																		
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Country		Country		4. FEI Number 04-3792588																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																	
6. Name and Address of Current Registered Agent ROONWY, DANIEL P ROONEY (Correct Spelling) 395 AVE C NW WINTER HAVEN, FL 33883-7146				7. Name and Address of New Registered Agent Name ROONEY, DANIEL P. Street Address (P.O. Box Number is Not Acceptable) 395 Ave C, N.W. City Winter Haven FL Zip Code 33883-7146																																																																																																	
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 re-registering)</small>																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																	
Make check payable to Florida Department of State																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;">STREET ADDRESS</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;">CITY-ST-ZIP</td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;">STREET ADDRESS</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;">CITY-ST-ZIP</td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;">STREET ADDRESS</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;">CITY-ST-ZIP</td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;">STREET ADDRESS</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;">CITY-ST-ZIP</td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td colspan="5" style="padding: 5px;">STREET ADDRESS</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td colspan="5" style="padding: 5px;">CITY-ST-ZIP</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	STREET ADDRESS					CITY-ST-ZIP	CITY-ST-ZIP					TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	STREET ADDRESS					CITY-ST-ZIP	CITY-ST-ZIP					TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	STREET ADDRESS					CITY-ST-ZIP	CITY-ST-ZIP					TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	STREET ADDRESS					CITY-ST-ZIP	CITY-ST-ZIP					TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	STREET ADDRESS					CITY-ST-ZIP	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)(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:  Julia S. Sands, Director 4/9/05 863-299-9728 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																					