

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

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



03082006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3792588

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROONEY, DANIEL P
395 AVE C NW
WINTER HAVEN, FL 33883-7146

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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-stating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SANDS, JULIA S
STREET ADDRESS 840 W LAKE OTIS DR
CITY-ST-ZIP WINTER HAVEN, FL 338803563

TITLE D
NAME MILLER, SCOTT A
STREET ADDRESS 4102 SHOAL GREEN CT
CITY-ST-ZIP WINTER HAVEN, FL 338842925

TITLE D
NAME LEE, EDWIN N
STREET ADDRESS 308 QUAILS RUN PASS
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D
NAME JOHNSON, JON R
STREET ADDRESS 1804 WOODPOINTE DR
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D
NAME PFEIFFER, ROBERT C
STREET ADDRESS 985 SQUARE LAKE DR
CITY-ST-ZIP BARTOW, FL 338304398

TITLE D
NAME HALLETT, JOSH R
STREET ADDRESS 440 SUWANEE DR
CITY-ST-ZIP WINTER HAVEN, FL 33884

U00000482028
04/11/06-80059-007 61.25

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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott A. Miller
Scott A. Miller

3/18/06
3/18/06

Date

Daytime Phone #