


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001670 1. Entity Name RIDGE ROAD RIDERS, INC.	
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Principal Place of Business 395 AVE C NW WINTER HAVEN, FL 33881	Mailing Address P O BOX 7146 WINTER HAVEN, FL 33883-7146
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04272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3792588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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 reinstating)

DATE _____


Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDS, JULIA S 840 W LAKE OTIS DR WINTER HAVEN, FL 338803563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, SCOTT A 4102 SHOAL GREEN CT WINTER HAVEN, FL 338842925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, EDWIN N 308 QUAILS RUN PASS WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JON R 1804 WOODPOINTE DR WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFEIFFER, ROBERT C 985 SQUARE LAKE DR BARTOW, FL 338304398
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLETT, JOSH R 440 SUWANEE DR WINTER HAVEN, FL 33884

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05/17/07-80043-012 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:  **Jon R. Johnson** 4/28/07 863-605-3502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #