2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N04000001670

Entity Name: RIDGE ROAD RIDERS, INC.

Current Principal Place of Business:

395 AVE C NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

P O BOX 7146
WINTER HAVEN, FL 338837146

New Mailing Address:

FEI Number: 04-3792588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROONEY, DANIEL P
395 AVE C NW
WINTER HAVEN, FL 338837146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SANDS, JULIA S	
Address:	840 W LAKE OTIS DR	
City-St-Zip:	WINTER HAVEN, FL 338803563	
Title:	D	( ) Delete
Name:	MILLER, SCOTT A	
Address:	4102 SHOAL GREEN CT	
City-St-Zip:	WINTER HAVEN, FL 338842925	
Title:	D	(X) Delete
Name:	LEE, EDWIN N	
Address:	308 QUAILS RUN PASS	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	D	( ) Delete
Name:	JOHNSON, JON R	
Address:	1804 WOODPOINTE DR	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	D	( ) Delete
Name:	PFEIFFER, ROBERT C	
Address:	985 SQUARE LAKE DR	
City-St-Zip:	BARTOW, FL 338304398	
Title:	D	( ) Delete
Name:	ROONEY, DANIEL P	
Address:	395 AVENUE C, NW	
City-St-Zip:	WINTER HAVEN, FL 33881	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL P. ROONEY D 04/24/2009
Electronic Signature of Signing Officer or Director — Date