

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04804

FILED
Apr 20, 2009
Secretary of State

Entity Name: RIDE SOLUTION, INC.

Current Principal Place of Business:

JIM WHITTAKER
1209 WESTOVER DRIVE
PALATKA, FL 321775329

New Principal Place of Business:

Current Mailing Address:

JIM WHITTAKER
1209 WESTOVER DRIVE
PALATKA, FL 321775329

New Mailing Address:

FEI Number: 59-2443380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTAKER, JIM
1209 WESTOVER DRIVE
PALATKA, FL 32177 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: PD () Delete
Name: DURSCHER, KEVIN
Address: PO BOX 247
City-St-Zip: GRANDIN, FL 321380247 US

Title: VD () Delete
Name: TORODE, WILLIAM E
Address: PO BOX 801
City-St-Zip: PALATKA, FL 321780801 US

Title: TD () Delete
Name: FLETCHER, CARL
Address: PO BOX 161
City-St-Zip: PALATKA, FL 321780161 US

Title: SD () Delete
Name: WESTBURY, RICHARD
Address: 286 ROUND LAKE ROAD
City-St-Zip: PALATKA, FL 32177 US

Title: D () Delete
Name: PURCELL, BRAD
Address: PO BOX 758
City-St-Zip: PALATKA, FL 321780758 US

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: SLOAN, PRESTON
Address: 256 HWY 17 W.
City-St-Zip: PALATKA, FL 32177

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: KEVIN DURSCHER

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date