


**2005 CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90032 009 ***150.00

DOCUMENT # N07000003338					
1. Entity Name ALTOONA TRAIL RIDERS, INC.					
Principal Place of Business 27401 HWY 42 UMATILLA FL 32784			Mailing Address 27401 HWY 42 UMATILLA FL 32784		
2. Principal Place of Business <i>Altoona Elementary</i>			3. Mailing Address		
Suite, Apt. #, etc. <i>SR HWY 19</i>			Suite, Apt. #, etc.		
City & State <i>Altoona, FL</i>			City & State		
Zip <i>32702</i>		Country		Zip	
Country		Country		4. FEI Number 02-0600305	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAWKINS, GLENDA 27401 HWY 42 UMATILLA FL 32784			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, SUZANNE 27401 HWY 12F UMATILLA FL 32784	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRADY, FRANCINE 16116 SE 156TH PLACE ROAD WEIRSDALE FL 32195	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHUMAN, MARGARET 3336 ROUND LAKE ROAD ZELLWOOD FL 32798	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COURTEMANCHE, PAM 17611 SE 283 AVE. UMATILLA FL 32784	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COURTMACHE, PAM 17611 SE 280 AVE. UMATILLA FL 32784	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: <i>Suzanne Rogers</i> SUZANNE ROGERS <i>3/2/05</i> 352669-1048					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					