

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004303

FILED
May 01, 2009
Secretary of State

Entity Name: GATOR RIDE INC.

Current Principal Place of Business:

2777 SW ARCHER RD AM 324
GAINESVILLE, FL 32608

New Principal Place of Business:

309 SW 12TH STREET
GAINESVILLE, FL 32601

Current Mailing Address:

2777 SW ARCHER RD AM 324
GAINESVILLE, FL 32608

New Mailing Address:

309 SW 12TH STREET
GAINESVILLE, FL 32608

FEI Number: 80-0232729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WESTHEAD, BRYAN
2777 SW ARCHER RD AM 324
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

PORTER, ALYSSA
309 SW 12TH STREET
GAINESVILLE, FL 32601 US

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: ALYSSA PORTER

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: KELLER, LINDSAY
Address: 401 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32601

Title: CFO (X) Delete
Name: WESTHEAD, BRYAN
Address: 2777 SW ARCHER RD AM 324
City-St-Zip: GAINESVILLE, FL 32608

Title: COO (X) Delete
Name: LYON, ALASTAIR
Address: 2777 SW ARCHER RD AM 324
City-St-Zip: GAINESVILLE, FL 32608

Title: CPO (X) Delete
Name: BORNEMANN, KELLY
Address: 2905 SW ARCHER RD #5015
City-St-Zip: GAINESVILLE, FL 32608

Title: CAO (X) Delete
Name: HIXON, HOLLY
Address: 401 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: PORTER, ALYSSA
Address: 309 SW 12TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

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: ALYSSA PORTER

CEO

05/01/2009

Electronic Signature of Signing Officer or Director

Date