

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006828

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: BORN AGAIN TO RIDE, INC.

**Current Principal Place of Business:**

18320 CRAWLEY RD  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

18320 CRAWLEY RD  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 80-0234877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEISSE, MARSHA CPA  
4110 KENSINGTON AVE  
TAMPA, FL 33629 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: P ( ) Delete  
Name: HARRELL, MICHAEL E  
Address: 18320 CRAWLEY RD  
City-St-Zip: ODESSA, FL 33556

Title: VP ( ) Delete  
Name: HONRATH, GENE  
Address: 15 RAINBOW DR  
City-St-Zip: SEWELL, NJ 08080

Title: ST ( ) Delete  
Name: WEISSE, MARSHA  
Address: PO BOX 13408  
City-St-Zip: TAMPA, FL 336813408

Title: D ( ) Delete  
Name: BURNS, ROBERT  
Address: 7251 EXEMPLER  
City-St-Zip: NEW PORT RICHEY, FL 34655

**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:

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: MICHAEL E. HARRELL

PRES

01/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date