2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

DOCUMENT# N11000002164

Entity Name: DOCTOR RIDE INC.

Current Principal Place of Business:

2791 E MARY LUE ST
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

2791 E MARY LUE ST
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 27-3868722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOJKA, LINDA
2791 E MARY LUE ST
INVERNESS, FL 34453 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: PTDS
Name: SOJKA, LINDA J
Address: 2791 E MARY LUE ST
City-St-Zip: INVERNESS, FL 34453

Title: D
Name: SOJKA, FRANK E
Address: 2791 E MARY LUE ST
City-St-Zip: INVERNESS, FL 34453

Title: D
Name: SOJKA, MARK A
Address: 233 40TH AVE NE
City-St-Zip: ST PETERSBURG, FL 33703

I hereby 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 all other like empowered.

SIGNATURE: LINDA SOJKA PRES 04/18/2012

Electronic Signature of Signing Officer or Director Date