2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N21506

1. Entity Name
HILLSBOROUGH ROUGH RIDERS, INC.

Principal Place of Business	Mailing Address
11510 WHISPER LAKE, TRAIL TAMPA, FL 33626 US	11510 WHISPER LAKE, TRAIL TAMPA, FL 33626 US

02142006 No Chg-NP CRZE037 (11/05)

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4. FEI Number
59-2848496
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAKAS, JOHN W., JR.
11510 WHISPER LACE TRAIL
TAMPA, FL 33626

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000451004
03/10/06-80030-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HENSON, KIRK
STREET ADDRESS	3332 WALLCRAFT AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	DS
NAME	HARRE-ORR, BETH
STREET ADDRESS	711 W INDIANA AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	T
NAME	VAN DIJK, SANDRA
STREET ADDRESS	12805 TITINA WAY
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beth Harre-Orr 2-21-06 (813) 892-0073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #