

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90030 024 ****61.25

DOCUMENT # N98000003389 1. Entity Name ROUGH RIDERS MC, INC.					
Principal Place of Business 5030 EDWARDS ROAD FORT PIERCE FL 34981			Mailing Address 5030 EDWARDS ROAD FORT PIERCE FL 34981		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CATALANO, STEVEN 1697 SW TAURUS LANE PORT ST. LUCIE FL 34984				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 registering) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VDS <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLOSKEY, ROBERT J		NAME		
STREET ADDRESS	3908 SW DARMOUTH ST		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953		CITY-ST-ZIP		
TITLE	CARIOTTA CATALANO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1697 SW TAURUS LANE		NAME		
STREET ADDRESS	PORT ST. LUCIE FL 34984		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	President <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DeBBIE DeMatthews <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2512 SW McDONALD ST.		NAME		
STREET ADDRESS	PSL, FL 34953 Vice Pres.		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	WYANE DeMatthews <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2510 SW McDONALD ST		NAME		
STREET ADDRESS	PSL, FL 34953 Sec/Tres.		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Director <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVEN CATALANO		NAME		
STREET ADDRESS	1697 SW TAURUS W PSL FL 34984		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2/24/06					