


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007078	
1. Entity Name RIDE WITH THE STARS, INC.	

Principal Place of Business C/O PINELLAS COUNTY SHERIFF'S DEPT P.O. BOX 2500 LARGO, FL 33779	Mailing Address C/O PINELLAS COUNTY SHERIFF'S DEPT P.O. BOX 2500 LARGO, FL 33779
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01102006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent WINTERS, ELISE K 133 N. FT. HARRISON AVENUE CLEARWATER, FL 33755
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**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2006	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIOQUINO, TERESA P O BOX 2500 LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATS, JAMES A PO BOX 2500 LARGO, FL 33779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASHA, MARYANNE PO BOX 2500 LARGO, FL 33779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNALL, JEAN PO BOX 2500 LARGO, FL 33779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGNATUK, TINA PO BOX 2500 LARGO, FL 33779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTSON, JOSEPHINE PO BOX 2500 LARGO, FL 33779

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02/17/06-80016-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Teresa Diquino **Teresa Diquino, President** **1/12/06 727-582-6200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone