

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90051 041 \*\*\*150.00

**DOCUMENT # P00000013249**

1. Entity Name

DUCKY RIDES, INC.



Principal Place of Business

4401 AVE D  
ST AUGUSTINE FL 32095

Mailing Address

156 MEADOW AVE  
SAINT AUGUSTINE FL 32084



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3629775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUTCHINSON, GREGORY M  
156 MEADOW AVE.  
SAINT AUGUSTINE FL 32084

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-19-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: SD  
NAME: STANLEY, DAVID B  
STREET ADDRESS: 2480 PELLICER RD  
CITY - ST - ZIP: SAINT AUGUSTINE FL 32092 ☒ Delete

TITLE: PD  
NAME: HUTCHINSON, GREGORY  
STREET ADDRESS: 156 MEADOW AVE.  
CITY - ST - ZIP: SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-19-07 904-825-2801