

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000049199

1. Entity Name
RIDE OF DAYTONA, INC.



FILED

04 JUN 22 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/03/04 90664 007 \$150.00



MOORE CR2E034 (11/03)

Principal Place of Business
**520-B N. NOVA ROAD
DAYTONA BEACH FL 32117**

Mailing Address
**520-B N. NOVA ROAD
DAYTONA BEACH FL 32117**

2. Principal Place of Business
388 N. NOVA ROAD

3. Mailing Address
Suite, Apt. #, etc.

City & State
DAYTONA BEACH FL

City & State
FL

Zip
32114

Country

Zip
32114

Country

4. FEI Number
02-0594776

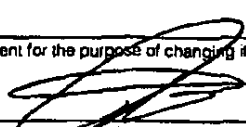
Applied For
☐ Not Applicable

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

8. Name and Address of Current Registered Agent
**FLIS S
388 N. NOVA ROAD
DAYTONA BEACH FL 32117**

7. Name and Address of New Registered Agent
**RIDE OF DAYTONA, INC.
FLIS S
DAYTONA BEACH FL 32117**

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 **4/27/04**

Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00
Make Check Payable to Florida Department of State

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

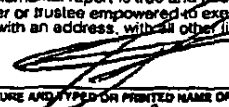
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLIS, TODD M 910 LAMBERT AVENUE FLAGLER BEACH FL 32136	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, ROBERT G 4 SILVER FOX TRAIL ORMOND BEACH FL 32174	☒ 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4/27/04** DAYTIME PHONE # **306-257-220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR