2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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04 JUN 22 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/03/04 90664 007 $150.00

MOORE CR2E034 (11/03)

DOCUMENT # P02000049199

1. Entity Name
RIDE OF DAYTONA, INC.

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

2. Principal Place of Business	3. Mailing Address
388 N. NOVA	
Suite, Apt. #, etc. ROAD	Suite, Apt. #, etc.
City & State DAYTONA BCH	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

6. Name and Address of Current Registered Agent

~~FLIS, S~~
388 ~~520B~~ N. NOVA ROAD
DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent

Name RIDE OF DAYTONA INC.
Street Address (P.O. Box Number is Not Acceptable) ~~388 N NOVA ROAD~~ FLIS S
City ~~DAYTONA BCH FL~~ Zip Code ~~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 ________ 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	☐ Change ☐ Add
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	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

6/22

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ________ 4/27/04 306-257-220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #