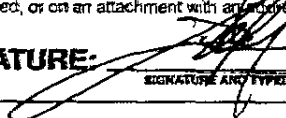


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000040396		
1. Entity Name LET IT RIDE, INC.		
Principal Place of Business 2403 SE 15TH ST. OCALA, FL 33471	Mailing Address P. O. BOX 189 OCALA, FL 34478-0189	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILBURN, MACK R 2403 SE 15TH ST. OCALA, FL 33471		DO NOT WRITE IN THIS SPACE
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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 WILBURN, MACK R 2403 SE 15TH ST. OCALA, FL 33471	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MAZZURCO, VINCENT S P. O. BOX 5669 OCALA, FL 344785669	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 		4/4/05 352-861-6200 Date Daytime Phone #



04032005 No Chg-P CR2E034 (10/03)

4. FEI Number
11-3685659

Applied For
Not Applicable

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

UN0000300493
04/12/05-80022-008 150.00

**DO NOT WRITE
IN THIS SPACE**