

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040396

Entity Name: LET IT RIDE, INC.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

2403 SE 15TH ST.
OCALA, FL 33471

New Principal Place of Business:

2935 SE 58TH AVENUE
OCALA, FL 33480 US

Current Mailing Address:

P. O. BOX 189
OCALA, FL 344780189

New Mailing Address:

P. O. BOX 189
OCALA, FL 34478 US

FEI Number: 11-3685659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZURCO, ANDREW S
2935 SE 58TH AVENUE
OCALA, FL 34480 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WILBURN, MACK R
Address: 2403 SE 15TH ST.
City-St-Zip: Ocala, FL 33471

Title: DPS () Delete
Name: MAZZURCO, ANDREW S
Address: P.O. BOX 189
City-St-Zip: Ocala, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW S. MAZZURCO

DPS

02/04/2009

Electronic Signature of Signing Officer or Director

Date