

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000057127

1. Entity Name

RYD, INC.



Principal Place of Business

611 PENNSYLVANIA AVENUE
ST. CLOUD FL 34769

Mailing Address

611 PENNSYLVANIA AVENUE
ST. CLOUD FL 34769



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 83-0360920

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDERON, STARLA (STAR)
222 S. VERNON
KISSIMMEE FL 34741

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 to the principal.

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 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	D	☐ Delete
NAME	WOODROW, RUTH ANN	
STREET ADDRESS	611 PENNSYLVANIA AVENUE	
CITY-STATE-ZIP	ST. CLOUD FL 34769	
TITLE	D	☐ Delete
NAME	WOODROW, ROBERT H	
STREET ADDRESS	611 PENNSYLVANIA AVENUE	
CITY-STATE-ZIP	ST. CLOUD FL 34769	
TITLE	D	☐ Delete
NAME	PAULSON, KIMBERLY L	
STREET ADDRESS	608 FLORIDA AVENUE	
CITY-STATE-ZIP	ST. CLOUD FL 34769	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

000000856211
03/28/08-80002-023 150.00

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: Ruth Ann Woodrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08 407-957-1271