



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90985 014 ***150.00

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # P04000168246 | | | |  | |
| 1. Entity Name SACKRIDER ENTERPRISES, INC. | | | | | |
| Principal Place of Business 9496 S.E. HIGHWAY 42 SUMMERFIELD, FL 34491 | | | Mailing Address 9496 S.E. HIGHWAY 42 SUMMERFIELD, FL 34491 | | |
| 2. Principal Place of Business 9381 SE HWY 42 | | 3. Mailing Address 9381 SE HWY 42 | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State SUMMERFIELD FL | | City & State SUMMERFIELD FL | | | |
| Zip 34491 | | Country | | 4. FEI Number 20-2748576 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | 04282005 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent BLANCHARD, DOCK A ESQUIRE 4 SE BROADWAY STREET OCALA, FL 34471 | | | 7. Name and Address of New Registered Agent Name: ROBERT E SACKRIDER Street Address (P.O. Box Number is Not Acceptable): 9381 SE HWY 42 City: SUMMERFIELD FL Zip Code: 34491 | | |
| 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: <u>ROBERT E. SACKRIDER</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P SACKRIDER, ROBERT 9496 S.E. HIGHWAY 42 SUMMERFIELD, FL 34491 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROBERT E. SACKRIDER 9381 SE HWY 42 SUMMERFIELD FL 34491 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC SACKRIDER, TRACEY 9496 S.E. HIGHWAY 42 SUMMERFIELD, FL 34491 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRACY O. SACKRIDER 9381 SE HWY 42 SUMMERFIELD FL 34491 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>ROBERT E. SACKRIDER</u> | | (352) 245- 3336 | | Date Daytime Phone # | |