
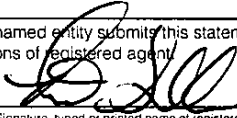
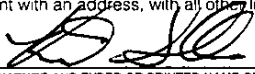


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90240 030 ***150.00

DOCUMENT # P04000168246 1. Entity Name SACKRIDER ENTERPRISES, INC.																																																																																							
Principal Place of Business 9381 SE HWY 42 SUMMERFIELD, FL 34491		Mailing Address 9381 SE HWY 42 SUMMERFIELD, FL 34491																																																																																					
2. Principal Place of Business 308 OAK STREET Suite, Apt. #, etc. SUITE A City & State LADY LAKE, FL Zip 32159		3. Mailing Address 308 OAK STREET Suite, Apt. #, etc. SUITE A City & State LADY LAKE, FL Zip 32159																																																																																					
4. FEI Number 20-2748576		Applied For <input type="checkbox"/> Not Applicable																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent SACKRIDER, ROBERT E 9381 SE HWY 42 SUMMERFIELD, FL 34491		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 308 OAK STREET, SUITE A City LADY LAKE FL Zip Code 32159																																																																																					
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  ROBERT E SACKRIDER, PRESIDENT 3/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SACKRIDER, ROBERT E </td> </tr> <tr> <td>NAME</td> <td>SACKRIDER, ROBERT</td> <td>NAME</td> <td>SACKRIDER, ROBERT E</td> </tr> <tr> <td>STREET ADDRESS</td> <td>9381 SE HWY 42</td> <td>STREET ADDRESS</td> <td>308 OAK STREET, SUITE A</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUMMERFIELD, FL 34491</td> <td>CITY-ST-ZIP</td> <td>LADY LAKE, FL 32159</td> </tr> <tr> <td>TITLE</td> <td>SEC</td> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 308 OAK STREET, SUITE A </td> </tr> <tr> <td>NAME</td> <td>SACKRIDER, TRACY O</td> <td>NAME</td> <td>LADY LAKE, FL 32159</td> </tr> <tr> <td>STREET ADDRESS</td> <td>9381 SE HWY 42</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUMMERFIELD, FL 34491</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SACKRIDER, ROBERT E	NAME	SACKRIDER, ROBERT	NAME	SACKRIDER, ROBERT E	STREET ADDRESS	9381 SE HWY 42	STREET ADDRESS	308 OAK STREET, SUITE A	CITY-ST-ZIP	SUMMERFIELD, FL 34491	CITY-ST-ZIP	LADY LAKE, FL 32159	TITLE	SEC	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 308 OAK STREET, SUITE A	NAME	SACKRIDER, TRACY O	NAME	LADY LAKE, FL 32159	STREET ADDRESS	9381 SE HWY 42	STREET ADDRESS		CITY-ST-ZIP	SUMMERFIELD, FL 34491	CITY-ST-ZIP		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  ROBERT E SACKRIDER 3/10/06 (352) 430-2773 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																							