

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000122545

1. Entity Name
DAVID RYDER, P.A.



Principal Place of Business
**4630 NO. UNIVERSITY DRIVE
SUITE 435
CORAL SPRINGS, FL 33067**

Mailing Address
**4630 NO. UNIVERSITY DRIVE
SUITE 435
CORAL SPRINGS, FL 33067**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-3426149

<input type="checkbox"/> Applied For
<input type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent

**RYDER, DAVID
4630 NO. UNIVERSITY DR.
CORAL SPRINGS, FL 33067**

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 title if applicable.)

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete
RYDER, DAVID 4630 NO. UNIVERSITY DR. #435 CORAL SPRINGS, FL 33067
<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Ryder, P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

Daytime Phone #

**FILED
Apr 10, 2006 8:00 am
Secretary of State**

03-29-2006 90119 029 ***150.00

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