

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000064170

1. Entity Name  
RIDERS G. P., INC.



Principal Place of Business  
170 SUNPORT LANE  
SUITE 900  
ORLANDO, FL 32809 US

Mailing Address  
170 SUNPORT LANE  
SUITE 900  
ORLANDO, FL 32809 US

FILED

2007 MAR 27 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1690428	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, DAVID  
170 SUNPORT LANE  
SUITE 900  
ORLANDO, FL 32809

DO NOT WRITE  
IN THIS SPACE

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GRAY, DAVID  
170 SUNPORT LANE SUITE 900  
ORLANDO, FL 32809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
DUPONT, JR. S  
140 WATERWAY LANE  
VERO BEACH, FL 32963

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/07 (305) 329-2993