


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90005 040 ***158.75

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	
2. Principal Place of Business - No P.O. Box # 25 SE 2ND AVE Suite, Apt. #, etc. 1240 City & State Miami FL Zip 33131 Country		3. Mailing Address 25 SE 2ND Avenue Suite, Apt. #, etc. 1240 City & State Miami FL Zip 33131 Country	
6. Name and Address of Current Registered Agent GRAY, DAVID 170 SUNPORT LANE SUITE 900 ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 25 SE 2ND Avenue Suite 1240 City Miami FL Zip Code 33131	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DP GRAY, DAVID 170 SUNPORT LANE SUITE 900 ORLANDO, FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25 SE 2ND Ave. Suite 1240 Miami
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUPONT, JR. S 140 WATERWAY LANE VERO BEACH, FL 32963 <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
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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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/08

305 329-2493