2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000089725

1. Entity Name
OUTRIDER TRUCKING, INC.

Principal Place of Business	Mailing Address
1259 BAYSHORE ROAD GULF BREEZE, FL 32561	1259 BAYSHORE ROAD GULF BREEZE, FL 32561

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10-03)

4. FEI Number
59-3253710

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EWING, RAYMOND M
1259 BAYSHORE RD
GULF BREEZE, FL 32563

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEPD
NAME	EWING, NORMA H
STREET ADDRESS	1259 BAYSHORE ROAD
CITY-ST-ZIP	GULF BREEZE, FL 325612509
TITLE	CFVS
NAME	EWING, MICHAEL R
STREET ADDRESS	BOX 0688
CITY-ST-ZIP	GULF BREEZE, FL 325620688
TITLE	D
NAME	EWING, CLAY
STREET ADDRESS	10216 FANNY BROWN ROAD
CITY-ST-ZIP	RALEIGH, NC 276039093
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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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: Michael R Ewing, CFVS. 28 April, 2004 (850)932-9077
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #