


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000007339</b>	
<b>1. Entity Name</b> <b>STEVE RIDDER BASKETBALL CAMPS, INC.</b>	

<b>Principal Place of Business</b> EMBRY-RIDDLE UNIVERSITY ATHLETIC DEPARTMENT DAYTONA BEACH, FL 32114	<b>Mailing Address</b> EMBRY-RIDDLE UNIVERSITY ATHLETIC DEPARTMENT DAYTONA BEACH, FL 32114
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01222006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-3437423	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

RIDDER, STEVE  
EMBRY-RIDDLE UNIVERSITY  
ATHLETIC DEPARTMENT  
DAYTONA BEACH, FL 32114

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	UNIFORM410841 02/09/06-80054-004 150.00
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD RIDDER, STEVE 15 TOMOKA COVE WY ORMOND BEACH, FL 3217
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	ST RIDDER, VICKY DIANE 15 TOMOKA COVE WY ORMOND BEACH, FL 32174
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> 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 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:**  **1/25/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #