
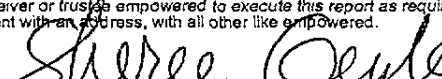


FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000082697				Secretary of State		
1. Entity Name TROPICAL RIDER, INC.						
Principal Place of Business 85 INDUSTRIAL ROAD BIG PINE KEY, FL 33043 US		Mailing Address 85 INDUSTRIAL ROAD BIG PINE KEY, FL 33043 US				
DO NOT WRITE IN THIS SPACE		(P99000082697P)				
		01242005 No Chg-P CR2E034 (10/03)				
		4. FEI Number 65-0961428		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GANSKE, SHEREE K 23032 SNAPPER LANE CUDJOE KEY, FL 33042		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE U000000199293 01/27/05-80087-012 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GANSKE, SHEREE K 23032 SNAPPER LANE CUDJOE KEY, FL 33042					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GANSKE, RICHARD 23032 SNAPPER LANE CUDJOE KEY, FL 33042					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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: 		1-24-05		305 872 0668		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>		