## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000097480

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Entity Name: RIDER, MAGOON & ASSOCIATES, INC.

( ) Delete

() Delete

MAGOON, JEFFREY D

21541 WINDHAM RUN

ESTERO, FL 33928

FILED Feb 11, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
6714 LONE OAK BLVD. NAPLES, FL 34109			8840 TERRENE COURT SUITE #100 BONITA SPRINGS, FL 34135		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6714 LONE OAK BLVD. NAPLES, FL 34109			8840 TERRENE COURT SUITE 100 BONITA SPRINGS, FL 34135		
FEI Number: 6	5-0984213 FEI Nur	nber Applied For ( ) FEI N	umber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
RIDER, JOSEPH J 1408 WINKLER AVE. FT. MYERS, FL 33901 US			RIDER, JENNIFER J 12660 SHANNONDALE DRIVE FT. MYERS, FL 33913 US		
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.					
SIGNATURE: JENNIFER J RIDER				02/11/2004	
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Address:	P () Delete RIDER, VICTORIA 1408 WINKLER AVE. FORT MYERS, FL 33901		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address:	S () Delete RIDER, JENNIFER 21541 WINDHAM RUN ESTERO, FL 33928		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: JENNIFER J RIDER S 02/11/2004

(X) Change ( ) Addition

( ) Change (X) Addition

RIDER, JOSEPH J

1408 WINKLER AVE

RIDER, JENNIFER J

FORT MYERS, FL 33901

FORT MYERS, FL 33913

12660 SHANNONDALE DRIVE