

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007688

**Entity Name:** RIDE DRY DRIVE DRY, INC.

**Current Principal Place of Business:**

257 S LAKE DESTINY DR  
ORLANDO, FL 32810

**Current Mailing Address:**

3333 SMU COURT  
ORLANDO, FL 32817 US

**FEI Number:** 82-2470821

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALSH, BRIAN M ESQ  
790 N ORANGE AVE  
ORLANDO, FL 32801 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WATTS, MARK  
Address 257 S LAKE DESTINY DR  
City-State-Zip: ORLANDO FL 32810

Title CEO  
Name WATTS, MARK  
Address 257 S LAKE DESTINY DR  
City-State-Zip: ORLANDO FL 32810

Title VCD  
Name WERNER, PETE  
Address 257 S LAKE DESTINY DR  
City-State-Zip: ORLANDO FL 32810

Title DS  
Name WATTS, TERESSA  
Address 3333 SMU CT  
City-State-Zip: ORLANDO FL 32817

Title DT  
Name LEWIS, JOSEPH  
Address 5640 TRIMBLE PARK RD  
City-State-Zip: MOUNT DORAL FL 32757

Title D  
Name MAY, ROB  
Address 1665 KING ARTHUR CIRCLE  
City-State-Zip: MAITLAND FL 32751

Title D  
Name DORTON, JOHN  
Address 306 SWEETWATER VONORE RD  
City-State-Zip: SWEETWATER TN 37874

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERESSA WATTS

**SECRETARY**

**03/02/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date