


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P06000087011</b> 1. Entity Name <b>JZ RIDERS CUSTOM MOTORCYCLE SALES AND SERVICE, INC.</b>	
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FILED

2008 JAN 11 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>605 HICKMAN CIRCLE SANFORD, FL 32771</b>	Mailing Address <b>605 HICKMAN CIRCLE SANFORD, FL 32771</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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01072008 Chg-P CR2E034 (12/06)

City & State _____	4. FEI Number <b>20-5145884</b>
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Applied For  
Not Applicable

Zip _____	Country _____	Zip _____	Country _____
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

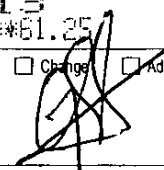
<b>6. Name and Address of Current Registered Agent</b>  <b>SCHROTH, DEREK ESQ. 600 JENNINGS AVENUE EUSTIS, FL 32726</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <span style="float: right;"><b>FL</b></span> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	_____
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>ZEBROWSKY, JEROME</b> <input type="checkbox"/> Delete <b>605 HICKMAN CIRCLE</b> <b>SANFORD, FL 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ZEBROWSKY, DEBRA L</b> <input type="checkbox"/> Delete <b>605 HICKMAN CIRCLE</b> <b>SANFORD, FL 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>LAWSON, STEPHANIE A</b> <input type="checkbox"/> Delete <b>605 HICKMAN DRIVE</b> <b>SANFORD, FL 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ZEBROWSKY, JEROME</b> <input type="checkbox"/> Delete <b>605 HICKMAN CIRCLE</b> <b>SANFORD, FL 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300115147313</b> <b>01/15/08--01014--011 **\$1.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S</b> <b>ZEBROWSKY, DEBRA L</b> <b>605 HICKMAN CIRCLE</b> <b>SANFORD, FL 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____

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:**  **Debra L. Zebrowsky, VPS** 1/7/08 (352) 429-5745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #