2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 01, 2009
Secretary of State

DOCUMENT# F30797

Entity Name: P & D MOTORCYCLES, INC.

Current Principal Place of Business:

6407 BLANDING BLVD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6407 BLANDING BLVD
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-2096007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PURCELL, GARY L
6407 BLANDING BLVD
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: PURCELL, GAIL VP
Address: 2917 DOCTORS LAKE DR.
City-St-Zip: ORANGE PARK, FL 32073 US

Title: PRES ( ) Delete
Name: PURCELL, GARY L PRES
Address: 2917 DOCTORS LAKE DR.
City-St-Zip: ORANGE PARK, FL 32073 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: PURCELL, SHARON G VP
Address: 2917 DOCTORS LAKE DR.
City-St-Zip: ORANGE PARK, FL 32073 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR ( ) Change (X) Addition
Name: PURCELL, SHARON G DIR
Address: 2917 DOCTORS LAKE DR
City-St-Zip: ORANGE PARK, FL 32073 US

Title: DIR ( ) Change (X) Addition
Name: PURCELL, GARY L DIR
Address: 2917 DOCTORS LAKE DR
City-St-Zip: ORANGE PARK, FL 32073 US

Title: SEC ( ) Change (X) Addition
Name: PURCELL, SHARON G SEC
Address: 2917 DOCTORS LAKE DR
City-St-Zip: ORANGE PARK, FL 32073 US

Title: TREA ( ) Change (X) Addition
Name: PURCELL, GARY L TREA
Address: 2917 DOCTORS LAKE DR
City-St-Zip: ORANGE PARK, FL 32073 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: GARY L PURCELL PRES 12/01/2009

Electronic Signature of Signing Officer or Director — Date