

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F30797

Entity Name: P & D MOTORCYCLES, INC.**Current Principal Place of Business:**2917 DOCTORS LAKE DR
ORANGE PARK, FL 32073**Current Mailing Address:**2917 DOCTORS LAKE DR
ORANGE PARK, FL 32073 US**FEI Number:** 59-2096007**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PURCELL, GARY L
2917 DOCTORS LAKE DR
ORANGE PARK, FL 32073 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	VP
Name	PURCELL, SHARON G
Address	2917 DOCTORS LAKE DR.
City-State-Zip:	ORANGE PARK FL 32073

Title	PRES
Name	PURCELL, GARY L
Address	2917 DOCTORS LAKE DR.
City-State-Zip:	ORANGE PARK FL 32073

Title	DIR
Name	PURCELL, SHARON G
Address	2917 DOCTORS LAKE DR
City-State-Zip:	ORANGE PARK FL 32073

Title	DIR
Name	PURCELL, GARY L
Address	2917 DOCTORS LAKE DR
City-State-Zip:	ORANGE PARK FL 32073

Title	SEC
Name	PURCELL, SHARON G
Address	2917 DOCTORS LAKE DR
City-State-Zip:	ORANGE PARK FL 32073

Title	TREA
Name	PURCELL, GARY L
Address	2917 DOCTORS LAKE DR
City-State-Zip:	ORANGE PARK FL 32073

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

SIGNATURE: GARY L PURCELL**PRES****06/08/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date