

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 431337

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: GOLDEN EAGLES MOTORCYCLE CLUB INC

## Current Principal Place of Business:

9901 HENDERSON RD  
TAMPA, FL 33625 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 261115  
TAMPA, FL 33685 US

## New Mailing Address:

FEI Number: 59-1444183      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARBONE, DAN PRES  
9806 BAY ISLAND DR.  
TAMPA, FL 33615 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: KOGUT, MICHAEL TREAS  
Address: 10406 BRIGANTINE BLVD.  
City-St-Zip: TAMPA, FL 33615

Title: VP ( ) Delete  
Name: FAIT, JAMES VP  
Address: 8308 N ELM STREET  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: HILE, GRANT DIR  
Address: 14929 NORCROSS LN  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: SCHUMAN, BRUCE DIR  
Address: 6031 17TH AVENUE  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D ( ) Delete  
Name: MITCHELL, JOHN DIR  
Address: 5380 BLACK PINE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: FO ( ) Delete  
Name: WILLIAMSON, ALAN FO  
Address: 723 GERSHWIN DR  
City-St-Zip: LARGO, FL 33771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: HILE, GRANT VP  
Address: 14929 NORCROSS LN  
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change ( ) Addition  
Name: SOLOMON, STEVEN DIR  
Address: 5650 TUGHILL DR  
City-St-Zip: TAMPA, FL 33624

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

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

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

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: MARY ELLEN MITCHELL, SEC

SEC

04/03/2009

Electronic Signature of Signing Officer or Director

Date