

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90010 024 ***150.00

DOCUMENT # 461547

1. Entity Name

RALLYE MOTORS, INC.



Principal Place of Business

**1749 SW COLLEGE ROAD
OCALA FL 34474
US**

Mailing Address

**1749 SW COLLEGE ROAD
OCALA FL 34474
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1553732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLER, KEVIN
1749 SW COLLEGE RD.
OCALA FL 34474**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DS** ☐ Delete
NAME **SULLIVAN, MELISSA H**
STREET ADDRESS **246 MONTEREY ROAD**
CITY-ST-ZIP **PALM BEACH FL 34480**

TITLE **DS** ☒ Change ☐ Addition
NAME **Melissa H. Sullivan**
STREET ADDRESS **1000 Indian Road**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **VSD** ☐ Delete
NAME **BOSTIC, WANDA**
STREET ADDRESS **3000 N. MAIN ST.**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SMITH, CHARLES**
STREET ADDRESS **1749 SW COLLEGE ROAD**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Crown, Charlie**
STREET ADDRESS **1749 SW College Rd.**
CITY-ST-ZIP **Ocala, FL 34474**

TITLE **VD** ☐ Delete
NAME **SMITH, CHRIS**
STREET ADDRESS **1749 SW COLLEGE ROAD**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SULLIVAN, BARBARA**
STREET ADDRESS **481 MAIN STREET**
CITY-ST-ZIP **WILBRAHAM MA 01095**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SULLIVAN, ART**
STREET ADDRESS **246 MONTEREY ROAD**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **PD** ☒ Change ☐ Addition
NAME **Art Sullivan**
STREET ADDRESS **1000 Indian Road**
CITY-ST-ZIP **Palm Beach, FL 33480**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

Date

352-732-6035

Daytime Phone #