2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# 713557

Entity Name: FLORIDA MOTORCYCLE DEALERS ASSOCIATION, INC.

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14629
TALLAHASSEE, FL 323174629 US

New Mailing Address:

FEI Number: 59-2114226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD STREET
TALLAHASSEE, FL 32303 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:	VD	( ) Delete
Name:	PETERSON, PHIL	
Address:	19400 NW 2ND AVE	
City-St-Zip:	MIAMI, FL 33169	
Title:	P	( ) Delete
Name:	HEMPSTEAD, BEVERLY	
Address:	10411 GANDY BLVD. NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33702	
Title:	D	( ) Delete
Name:	FISHER, SCOTT	
Address:	2160 COLONIAL BLVD	
City-St-Zip:	FT. MYERS, FL 33907	
Title:	T	( ) Delete
Name:	CARLSON, JON	
Address:	3770 37TH STREET	
City-St-Zip:	ORLANDO, FL 328051802	
Title:	D	( ) Delete
Name:	CHAMBLESS, BILL	
Address:	726 N. BEAL PKWY.	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	D	( ) Delete
Name:	RIDGEWAY, DANIEL	
Address:	8920 N. ARMENIA AVENUE	
City-St-Zip:	TAMPA, FL 336041042	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY HEMPSTEAD P 01/13/2004

Electronic Signature of Signing Officer or Director — Date