


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 765934 1. Entity Name SUNRUNNERS MOTORCYCLE CLUB OF POLK COUNTY, INC.	
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Principal Place of Business 1602 S FLORIDE AVE STE 4 LAKELAND, FL 33803	Mailing Address PO BOX 2565 LAKELAND, FL 33806
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DO NOT WRITE IN THIS SPACE



07142005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STILLE, DAVID L
1602 S FLORIDA AVE STE 4
LAKELAND, FL 33803**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000373189 07/18/05-80004-023 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STILLE, DAVID L 1602 S FLORIDA AVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, TIM 7515 W. PIERCE HARWELL RD. PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCAULEY, JAY R 1110 SANDPIPER CT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPLINTER, MIKE 2202 HURST RD AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: Jo My **7/14/05** **813-878-4555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #