


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 765934	
1. Entity Name SUNRUNNERS MOTORCYCLE CLUB OF POLK COUNTY, INC.	
	
Principal Place of Business 1602 S FLORIDE AVE STE 4 LAKELAND, FL 33803	Mailing Address PO BOX 2565 LAKELAND, FL 33806

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Jo Myers</u> <u>Tim Myers</u>		Date: <u>8/9/06</u>	Daytime Phone #: <u>813-878-4555</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			