2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# F30797

Entity Name: P & D MOTORCYCLES, INC.

Current Principal Place of Business:

6407 BLANDING BLVD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6407 BLANDING BLVD
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-2096007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PURCELL, GARY L
6407 BLANDING BLVD
JACKSONVILLE, FL 32244 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: VP
Name: PURCELL, SHARON G
Address: 2917 DOCTORS LAKE DR.
City-St-Zip: ORANGE PARK, FL 32073 US

Title: PRES
Name: PURCELL, GARY L
Address: 2917 DOCTORS LAKE DR.
City-St-Zip: ORANGE PARK, FL 32073 US

Title: DIR
Name: PURCELL, SHARON G
Address: 2917 DOCTORS LAKE DR
City-St-Zip: ORANGE PARK, FL 32073 US

Title: DIR
Name: PURCELL, GARY L
Address: 2917 DOCTORS LAKE DR
City-St-Zip: ORANGE PARK, FL 32073 US

Title: SEC
Name: PURCELL, SHARON G
Address: 2917 DOCTORS LAKE DR
City-St-Zip: ORANGE PARK, FL 32073 US

Title: TREA
Name: PURCELL, GARY L
Address: 2917 DOCTORS LAKE DR
City-St-Zip: ORANGE PARK, FL 32073 US

I hereby 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 all other like empowered.

SIGNATURE: SHARON G PURCELL V P 02/18/2011

Electronic Signature of Signing Officer or Director Date