

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G61562**

**1. Entity Name**  
**PISTONS & ROTORS MOTORS, INC.**



**Principal Place of Business**  
369 BLANDING BLVD.  
SUITE 914  
ORANGE PARK, FL 32073

**Mailing Address**  
369 BLANDING BLVD.  
SUITE 914  
ORANGE PARK, FL 32073



01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-2625099**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

TOLSON, JR., JOHN P  
462 KINGSLEY AVENUE  
SUITE 101  
ORANGE PARK, FL 32073

**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**

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, 2007 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

1100000593753  
01/22/07-80044-011 150.00

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** WELLS, ROSALIE  
**STREET ADDRESS** 453 FOX LANE  
**CITY-ST-ZIP** ORANGE PARK, FL 32073

**TITLE** VP  
**NAME** WELLS, RICHARD SR.  
**STREET ADDRESS** 453 FOX LANE  
**CITY-ST-ZIP** ORANGE PARK, FL 32073

**TITLE** S  
**NAME** WELLS, RONDAL G  
**STREET ADDRESS** 496 ELSEY DRIVE  
**CITY-ST-ZIP** ORANGE PARK, FL 32073

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another I am empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-07 (904) 272-4827