2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N00000003470

Entity Name: GOOD GUYS MOTORCYCLE CLUB INC.

Current Principal Place of Business:

5355 WASHINGTON ESTATES DR.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

5355 WASHINGTON ESTATES DR.
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3612327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHENS, CELLENE
1504 PERRY STREET
APT. 6
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

ROSS, JAMES E SR
8612 BERMUDA ROAD
JACKSONVILLE, FL 32208 US

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: JAMES E ROSS, SR 04/28/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROSS, JAMES SR
Address: 8612 BERMUDA ROAD
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: V ( ) Delete
Name: HARRISON, HONEYWOOD
Address: 2122 W. 14TH STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: T ( ) Delete
Name: DAVIS, ALTAMESE
Address: 4759 FIRESIDE DR W
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: S ( ) Delete
Name: STEPHENS, CHELLENE
Address: 1504 PERRY ST #6
City-St-Zip: JACKSONVILLE, FL 32206

Title: M (X) Delete
Name: MILTON, DONALD
Address: 8216 DELAWARE AVE
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: DAVIS, ALTAMESE
Address: 4759 FIRESIDE DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: M (X) Change ( ) Addition
Name: MILTON, DONALD
Address: 8216 DELAWARE AVENUE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: M (X) Change ( ) Addition
Name: WOODARD, WILLIAM
Address: 2722 VAN GUNDY ROAD
City-St-Zip: JACKSONVILLE, FL 32208

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: JAMES E ROSS, SR PD 04/28/2005
Electronic Signature of Signing Officer or Director Date