2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001832

1. Entity Name
VIETNAM VETS MOTORCYCLE CLUB SE PROPERTIES, INC.

Principal Place of Business	Mailing Address
860 MENTON ROAD PIERSON, FL 32180	860 MENTON ROAD PIERSON, FL 32180

01182005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1092055
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OAKS, DAVID K ESQ
407 E MARION AVE, STE 101
PUNTA GORDA, FL 33950

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000195640
01/26/05-80036-011 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WASILEK, THOMAS
STREET ADDRESS	165 HOLLY HILL RD
CITY-ST-ZIP	CHAPEL HILL, NC 27516
TITLE	DS
NAME	KIDD, ALEXANDER
STREET ADDRESS	37390 SW 212 AVE
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	DT
NAME	KINDER, LES
STREET ADDRESS	16895 SW 208 STREET
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	DS
NAME	MULLEN, BRIAN H
STREET ADDRESS	860 MENTON RD
CITY-ST-ZIP	PIERSON, FL 32180
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)(i), 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 _____ MULLEN, BRIAN H 1/18/05 3867369145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #