

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005798

FILED
Apr 07, 2005
Secretary of State

Entity Name: BIKERS4TOTS, INC.

Current Principal Place of Business:

235 OLD SANFORD-OVIEDO ROAD
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

235 OLD SANFORD-OVIEDO ROAD
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 58-2676472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIAN SMITH
2630 TUSKAWILLA RD
OVIEDO, FL 32765 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: P () Delete
Name: SMITH, BRIAN J P
Address: 2630 TUSKAWILLA RD
City-St-Zip: OVIEDO, FL 32765 US

Title: VP () Delete
Name: KREHER, WAYNE VP
Address: 696 RUNNING BEAR CT
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: SEC () Delete
Name: HOLT, BRUCE S
Address: QUINN DR
City-St-Zip: OVIEDO, FL 32765 US

Title: T () Delete
Name: SMITH, BONNIE T
Address: 2630 TUSKAWILLA RD
City-St-Zip: OVIEDO, FL 32765 US

Title: D () Delete
Name: KREHER, LINDA D
Address: 696 RUNNING BEAR CT
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D () Delete
Name: HOLT, KAREN D
Address: QUINN DR
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: BONNIE SMITH

MRS

04/07/2005

Electronic Signature of Signing Officer or Director

Date