2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N03000010796

101100 MOTODOVOLE OLUB ING



Sep 02, 2004 8:00 am Secretary of State

BLACK D	DIAMONDS MOTORCYCLE	CLUB INC.			09-02-200	14 900/3 040	0,	
Principal Plac 2006 E SEW TAMPA, FL		Mailing Address 2006 E SEWARD AVE TAMPA, FL 33604	,					
2. Principal Place of Business 3. N		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08302004	Chg-NP	CR2E037 (10	0/03)	
City & State		City & State		4. FEI Numbe	er		 	olied For
Zip	Country	Zip	Country	5. Certificate	of Status Desired		75 Addit Required	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F		•	
GAINOUS	KYLEE		Name	··· -	2003			
2006 E SEWARD AVE TAMPA, FL 33604			Street A	ddress (P.O. Box Numbe	er is Not Acceptable	e)		
			City			7	ip Code	
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the obligat	e named entity submits this statement fo tions of registered agent.	if the purpose of changing its	registered office or	registered agent, or bot	n, in the State of Fig	orida. I am tamilia	ar with, a	ind accept
						•		I
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signate	ure required when reinstating)		DATE		
		<u> </u>	npaign Financing	\$5.00 May B Added to Fees	Flor	lake check pay rida Departmen		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 8, 2004 OFFICERS AND DIE	9. Election Cam Trust Fund C	npaign Financing	\$5.00 May B Added to Fees	Flor	lake check pay ida Departmen	it of Sta	ite .
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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 securate 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 impowered 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 appears, with all other like empowered.

MOUS

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #