2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N04000005893



FILED Apr 23, 2007 8:00 am Secretary of State 04-02-2007 90063 041 ****61.25

DEFEND	ERS MOTORCYCLE CLUE	3, INC.							
Principal Plac 58 - 10TH S NAPLES, FL		Mailing Address PO BOX 10764 NAPLES, FL 34101-0	764) lêûlikê se seve	P1511 5511 6514 6514	D))) 48711 DELGI -		INNEL EL COOL
2. Principal F	Place of Business - No P.O. Box #	3. Maiting Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01242007 _C	hg-NP	CR2E0	37 (12/06)	
City & Stat	e	City & State			4. FEI Number 41-21416:	38	*		pplied For
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Ac Fee Requir	lditional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New	Registered	Agent	
GREUSEL	., JAMIE B		L Na	ame	_				
	DLLIER BLVD SLAND, FL 34145		Str	Street Address (P.O. Box Number is Not Acceptable)					
			Cit	ty	,		FL	Zip Coo	de
8. The above the obligat	named entity submits this statement for	or the purpose of changing its	registered of	fice or register	ed agent, or both, in	the State of Fi		familiar with	, and accept
_	-								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) DATE									
	-,,	I"							
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund (\$5.00 May Be Added to Fees		Nake checi rida Depar		
10.		Trust Fund (\$5.00 May Be Added to Fees	Flo	rida Depar	tment of S	State
TITLE	OFFICERS AND DI	Trust Fund (Contribution.		Added to Fees	Flo	rida Depar	tment of S	N 10
TITLE NAME	OFFICERS AND DIE P / D POPKA, JOSEPH D	Trust Fund (11. ITTLE NAME	D Prin	Added to Fees	FIO ES TO OFFICE	rida Depar	RECTORS II	State
TITLE	OFFICERS AND DI	Trust Fund (11.	D Prin	Added to Fees	FIO ES TO OFFICE	rida Depar ERS AND DI	RECTORS II	N 10
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	P / D POPKA, JOSEPH D 58 - 10TH ST N NAPLES, FL 34102 VP.	Trust Fund (11. ITTLE NAME STREET ADD CITY-S1-ZII	D Prin	Added to Fees ODITIONS/CHANG cipe, Edwa	FIO ES TO OFFICE	rida Depar ERS AND DI	RECTORS II	N 10
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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 ther like empowered.

SIGNATURE:	fulle & Lovin	4/17/04	<u>L</u>
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0400005893

1. Entity Name

DEFENDERS MOTORCYCLE CLUB, INC.



ATTACHMENT

Principal Place of Business Mailing Address PO BOX 10764 58 - 10TH ST N NAPLES, FL 34101-0764 NAPLES, FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Numbe Applied For 41-2141638 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREUSEL, JAMIE B 1104 N COLLIER BLVD Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND, FL 34145 Zip Code 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. Lam 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 Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. P/D TITLE TITLE ☐ Change ☐ Delete NAME POPKA, JOSEPH D NAME Principe, Edward 58 - 10TH ST N STREET ADDRESS STREET ADDRESS 58-10th St N, Naples FL 34102 CHY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP ☐ Delete TITLE Change XXAddition TITLE AUGIE, MALAGON NAME NAME Patrick Lawson 58 10TH STREET NORTH STREET ADDRESS STREET ADDRESS 58-10th St N, Naples FL 34102 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34102 XIXI Delete TITLE Change TITLE Addition BYRON, SIMPSON NAME NAME 58 10TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CHY-ST-ZIP κ**α**/D TITLE ☐ Delete TITLE ☐ Channe ☐ Addition JOSEPH, RAGEN NAME NAME STREET ADDRESS 58 10TH STREET NORTH STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE VAN DEUSEN, RORY NAME NAME 58 - 10TH ST N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34102 Change TITLE ☐ Addition ☐ Delete T/D RUSSELL, SHARBAUGH NAME NAME STREET ADDRESS 58 10TH STREET NORTH STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP

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 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 piper like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4119107

Daytime Phone #