

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N04000010222

Entity Name: FLYING EAGLES M/C TAMPA FL., INC.

Current Principal Place of Business:

2004 E. SEWARD ST.
TAMPA, FL 336042042

New Principal Place of Business:

Current Mailing Address:

2004 E. SEWARD ST.
TAMPA, FL 336042042

New Mailing Address:

FEI Number: 43-2067878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRIGHT, DERWIN
2004 E. SEWARD ST.
TAMPA, FL 336042042 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: BRIGHT, DERWIN K
Address: 2004 E. SEWARD ST.
City-St-Zip: TAMPA, FL 336042042

Title: V () Delete
Name: BEARD, KENNETH
Address: 2004 E. SEWARD ST.
City-St-Zip: TAMPA, FL 336042042

Title: T () Delete
Name: HOWARD, HERMAN JR
Address: 2004 E. SEWARD ST.
City-St-Zip: TAMPA, FL 336042042

Title: T () Delete
Name: JACOBS, ISIAH PETE
Address: 2004 E. SEWARD ST.
City-St-Zip: TAMPA, FL 336042042

Title: S () Delete
Name: MAHAN, ALETHIA
Address: 2004 E. SEWARD ST.
City-St-Zip: TAMPA, FL 336042042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DERWIN K BRIGHT

P

05/05/2005

Electronic Signature of Signing Officer or Director

_____ Date