

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010222

FILED  
Mar 04, 2007  
Secretary of State

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:**

P O BOX 11547  
TAMPA, FL 33680

**New Mailing Address:**

FEI Number: 43-2067878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: SMART, LINDA  
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 Chapter 119, 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 BRIGHT

P

03/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date