

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002877	
1. Entity Name CERTIFIED DERELICT MOTORCYCLE CLUB INC.	
Principal Place of Business 4832 96TH STREET NORTH ST PETERSBURG, FL 33708	Mailing Address 4832 96TH STREET NORTH ST PETERSBURG, FL 33708
DO NOT WRITE IN THIS SPACE	



04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2952443	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATTERSON, WILLIAM E 4832 96TH STREET NORTH ST PETERSBURG, FL 33708	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000694212 04/17/07-800009-008 61.25
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10. OFFICERS AND DIRECTORS :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P WATTERSON, WILLIAM E 4832 96TH STREET NORTH ST PETERSBURG, FL 33708	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS 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 other like empowered.

SIGNATURE: William E. Watterson **WILLIAM E. WATTERSON P.** 4/3/07 (727)392-8236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #