2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# N08000009358

Entity Name: BLACKSHEEP RIDERS MC.INC

Current Principal Place of Business:

12709 BLACKFEATHER CT
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

PO BOX 350068
JACKSONVILLE, FL 322350068

New Mailing Address:

FEI Number: 35-2352617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

RIMAS, CONNIE
12709 BLACKFEATHER CT
JACKSONVILLE, FL 32218 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: JACKSON, COREY
Address: 4807 N MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: P ( ) Delete
Name: HOPKINS, JAROD
Address: PO BOX 350068
City-St-Zip: JACKSONVILLE, FL 322350068

Title: S ( ) Delete
Name: RIMAS, CONNIE
Address: PO BOX 350068
City-St-Zip: JACKSONVILLE, FL 322350068

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:

I hereby certify that the information supplied with this filing does not qualify 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: CONNIE RIMAS S 09/02/2009

Electronic Signature of Signing Officer or Director — Date