

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009358

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** BLACKSHEEP RIDERS MC.INC

**Current Principal Place of Business:**

12709 BLACKFEATHER CT  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

7990 BAYMEADOWS ROAD E  
UNIT #1128  
JACKSONVILLE, FL 32256

**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 ( )**

**Name and Address of Current Registered Agent:**

RIMAS, CONNIE  
12709 BLACKFEATHER CT  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

RIMAS, CONNIE P  
7990 BAYMEADOWS ROAD E  
UNIT # 1128  
JACKSONVILLE, FL 32256 US

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: CONNIE P RIMAS

04/27/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JACKSON, COREY  
Address: PO BOX 350068  
City-St-Zip: JACKSONVILLE, FL 322350068 US

Title: P  
Name: HOPKINS, JAROD PRES  
Address: PO BOX 350068  
City-St-Zip: JACKSONVILLE, FL 322350068 US

Title: S  
Name: RIMAS, CONNIE P SEC  
Address: PO BOX 350068  
City-St-Zip: JACKSONVILLE, FL 322350068 US

I hereby 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 all other like empowered.

SIGNATURE: CONNIE P RIMAS

SEC

04/27/2010

Electronic Signature of Signing Officer or Director

Date