

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91050 023 ***150.00

DOCUMENT # P01000058456					
1. Entity Name NAPLES MOTORCYCLE RIDING SCHOOL INC					
Principal Place of Business 136 PALM VIEW DR NAPLES, FL 34110			Mailing Address 136 PALM VIEW DR NAPLES, FL 34110		
2. Principal Place of Business 27530 Richview Ct Suite, Apt. #, etc.		3. Mailing Address 27530 Richview Ct Suite, Apt. #, etc.			
City & State Bonita Springs, FL Zip 34135 Country Lee		City & State Bonita Springs, FL Zip 34135 Country Lee		4. FEI Number 59-3724190	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAWLESS, ROBERT E 136 PALM VIEW DR NAPLES, FL 34110			7. Name and Address of New Registered Agent Name: LAWLESS, Robert E. Street Address (P.O. Box Number is Not Acceptable): 27530 Richview Court City: Bonita Springs FL Zip Code: 34135		
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>4/22/04</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LAWLESS, ROBERT E P STREET ADDRESS 136 PALM VIEW DR CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE P NAME LAWLESS Robert E. STREET ADDRESS 27530 Richview Court CITY-ST-ZIP Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME COSTE, DANIELLE N VP STREET ADDRESS 136 PALM VIEW DR CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE VP NAME Coste, Danielle N. STREET ADDRESS 27530 Richview court CITY-ST-ZIP Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/22/04</u> (239) 948-7224 <small>Daytime Phone #</small>		