


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90067 050 ***150.00

DOCUMENT # P02000019721	
1. Entity Name AMERICAN INSTITUTE OF MOTORCYCLE SAFETY & TRAINING, INC.	

Principal Place of Business 4327 S HWY 27 STE 123 CLERMONT, FL 34711	Mailing Address 4327 S HWY 27 STE 123 CLERMONT, FL 34711
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94054101



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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04042004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BARDEN, VICKEY 428 SELKIRK DR WINTER PARK, FL 32792	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1641 S. KIRKMAN Rd, #194 City ORLANDO FL Zip Code 32811	
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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 Vickey P. Barden (Signature, typed or printed name of registered agent and title if applicable.) SIGNATURE Vickey Barden (NOTE: Registered Agent signature required when reinstating.) DATE April 04, 2004	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC TORRES, PETER A 4327 S HWY 27 STE 123 CLERMONT, FL 34711 <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	VD TORRES, JUDITH A 4327 S HWY 27 STE 123 CLERMONT, FL 34711 <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
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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: Judith Torres SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 04/04/03 Daytime Phone #