## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000097475

1. Entity Name
BMW MOTORCYCLE OWNERS OF NORTHEAST
FLORIDA, INC.



Principal Place of Business

11111-70 SAN JOSE BLVD.

SUITE 57

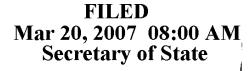
JACKSONVILLE, FL 32223-7297 US

Mailing Address

11111-70 SAN JOSE BLVD.

SUITE 316

JACKSONVILLE, FL 32223-7297 US





03012007

No Chg-P

CR2E034 (11/05)

4. FEI Number 55-0810208

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIDAY, ROBERT D 4100 SOUTHPOINT DRIVE EAST SUITE 103 JACKSONVILLE, FL 32216

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	ourpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and trile	foreleable /biOTE. Des stood A			DATE	
	Signatura, typed or printed harne or registered agent and time i	RODICADIB (NOTE: Hagistered A	gent nightaur	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		<ol><li>Election Campaign Financi Trust Fund Contribution.</li></ol>	ng 🔲	<b>\$5.00</b> May Be Added to Fees		
10,	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDRADE, ROXANE 2337 OCEANFOREST DR.W. ATLANTIC BEACH, FL 32233				000000673960 03/29/07-80049-020 150.00	
THILE NAME STREET ADDRESS CHY-ST-ZIP	VP NELSON, NORM 7430 SR A1A SOUTH SAINT AUGUSTINE, FL 32080					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIVENS, WAYNE 9938 ORCHARD HILLS ROAD JACKSONVILLE, FL 32256			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEKER, LARRY 2351 EAGLE HARBOR PKWY ORANGE PARK, FL 32003		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DAVE 169 BARTLETT AVE ORANGE PARK, FL 32073					
INTLE NAME STREET ADDRESS CITY-SI-ZIP	D ROBINSON, WILLIAM 7004 GAINES CT JACKSONVILLE, FL 32217					

12. Thereby 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 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** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

3/107

246-2549