

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 034 ***150.00

DOCUMENT # P03000020641

1. Entity Name
MAD CREATIONS CUSTOM CYCLES AND AIRBRUSHING, INC.



Principal Place of Business
**348 MASON AVE.
HOLLY HILL, FL 32117**

Mailing Address
**348 MASON AVE.
HOLLY HILL, FL 32117**

50025817

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



08162006 Chg-P CR2E034 (11/05)

4. FEI Number
52-0063016

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ZILL, DAVID A
348 MASON AVE.
HOLLY HILL, FL 32117**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNE WOLF, DOMINIC J OWNER 348 MASON AVENUE HOLLY HILL, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/VP/SEC/Treasurer DOMINIC J. WOLF 348 MASON AVE HOLLY HILL, FL 32117 <input type="checkbox"/> Change <input checked="" 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 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 DIRECTOR Date Daytime Phone #