

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-16-2004 90039 016 ***150.00

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1. Entity Name

**HIGHLANDS PROFESSIONAL MOTORCYCLE TRAINING
CORP I**



Principal Place of Business

**574 AZALEA DR
PORT CHARLOTTE FL 33952**

Mailing Address

**574 AZALEA DR
PORT CHARLOTTE FL 33952**

2. Principal Place of Business

608 83RD ST. NW

Suite, Apt. #, etc.

3. Mailing Address

608 83RD ST. NW

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number

32-0078920

Applied For

Not Applicable

Zip
34209

Country
USA

Zip
34209

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOTTEN, LESLIE
2805 TAMiami TRAIL
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name
ANTHONY M. BROWN

Street Address (P.O. Box Number is Not Acceptable)

608 83RD ST. NW

City
BRADENTON

FL

Zip Code
34209

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

Anthony M. Brown

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

2/26/04

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ANTHONY M. BROWN
608 83RD ST. NW
BRADENTON, FL 34209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ANTHONY M. BROWN
608 83RD ST. NW
BRADENTON, FL 34209** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Anthony M. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04

Date

941-795-2009

Daytime Phone #