


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT #** MR .R RR RK UD RE *PC3 000075609*

1. Entity Name  
 CHAMPION POWERSPORTS, INC.



Principal Place of Business  
 10308 WELBECK CT  
 TAMPA, FL 33626

Mailing Address  
 10308 WELBECK CT  
 TAMPA, FL 33626

**DO NOT WRITE IN THIS SPACE**

MR. K... UDE., R

01172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 20-0131786 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

TULLO, ANDREA T  
 4301 ANCHOR PLAZA PKWY STE 300  
 TAMPA, FL 33634

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	MR. KRUDER, RONALD PRES 10531 WEYBRIDGE DR. TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. RAVENNA, SETH TREAS. 10308 WELBECK COURT TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. RAVENNA, ERIK SEC. 25115 TRADEWINDS DRIVE LOND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* \_\_\_\_\_ *X/1/20/05* *X/813-742-8690*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Telephone # \_\_\_\_\_