

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000039586

1. Entity Name
THUNDER ROAD MOTORCYCLES, INC.



Principal Place of Business
1045 SO VOLUSIA AVE
ORANGE CITY, FL 32763

Mailing Address

1045 SO VOLUSIA AVE
ORANGE CITY, FL 32763

2. Principal Place of Business - No P.O. Box #

112 Birch Ave

3. Mailing Address

112 Birch Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6

City & State
ORANGE CITY FL

City & State

ORANGE CITY FL

Zip

32763

Zip

32763

Country

6. Name and Address of Current Registered Agent

REBMAN, ROBERT W
1045 SO VOLUSIA AVE
ORANGE CITY, FL 32713

7. Name and Address of New Registered Agent

Name 112 Birch Ave

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

City ORANGE CITY FL Zip Code 32763

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: *Robert Rebman*

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

(NOTE: Registered Agent signature required when reinstating)

3-16-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBMAN, ROBERT W 1045 SO VOLUSIA AVE ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Rebman Robert W</i> 112 Birch Ave ORANGE CITY FL 32763 (Address change only)	<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 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: *Robert Rebman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07

3869565237

Date

Daytime Phone #