

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90088 041 ***150.00

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03132007 Chg-P CR2E034 (12/06)

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
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2. Principal Place of Business - No P.O. Box # 112 Birch Ave	3. Mailing Address 112 Birch Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORANGE CITY FL	City & State ORANGE CITY FL
Zip 32763	Zip 32763
Country	Country

4. FEI Number 20-1092713	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REBMAN, ROBERT W 1045 SO VOLUSIA AVE ORANGE CITY, FL 32713	
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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	
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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: <i>Robert Rebman</i> DATE: 3-16-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	X Rebman Robert W 112 Birch Ave (Address change only) ORANGE CITY, FL 32763 <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
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: <i>Robert Rebman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 3-16-07 DAYTIME PHONE: 3869565237