


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90016 003 ***150.00

DOCUMENT # P04000050213		
1. Entity Name MOTLEY MOTORS, INC.		

Principal Place of Business 1756-C US ALT 19 NORTH TARPON SPRINGS, FL 34689	Mailing Address 1756-C US ALT 19 NORTH TARPON SPRINGS, FL 34689
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50000998

2. Principal Place of Business 1756-C ALT. HWY 19 NORTH Suite, Apt. #, etc.	3. Mailing Address 1756-C ALT. HWY 19 NORTH Suite, Apt. #, etc.
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City & State TARPON SPRINGS, FL	City & State TARPON SPRINGS, FL
Zip 34689	Zip 34689
Country	Country



01042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0921727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAKELSON, MAICHAEL J JR 701 SUNSET DR TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name SAKELSON, MICHAEL J JR Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: _____ (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. <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	PSTD SAKELSON, MICHAEL J JR 701 SUNSET DR TARPON SPRINGS, FL 34689 <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 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: Michael Sakelson Jr. **JAN 5, 05** (727) 937-8258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #