

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157833

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** NEW SMYRNA MOTORCYCLE COMPANY, INC.

**Current Principal Place of Business:**

1899 STATE ROAD 44  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

1637 N US HWY 1  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 20-2178089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEPE, DEAN G  
1637 N US HWY 1  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: ROSSMEYER, WILLIAM J  
Address: 1637 N US HWY 1  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: PTD  
Name: PEPE, SHELLY R  
Address: 1637 N US HWY 1  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VPSD  
Name: CAMPBELL, MANDY R  
Address: 1637 N US HWY 1  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VPD  
Name: VAN PATTEN, WENDY R  
Address: 1637 N US HWY 1  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VPD  
Name: BLALOCK, RANDY R  
Address: 1637 N US HWY 1  
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHELLY R PEPE

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04/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date