2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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## **Secretary of State** DOCUMENT # P04000163657 1. Entity Name 05-03-2005 90159 005 \*\*\*150.00 RUSSELL POWERSPORTS, INC. Mailing Address Principal Place of Business 5576 DOUG TAYLOR CIRCLE ST. JAMES CITY FL 33956 P.O. BOX 4991 PINELAND FL 3 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATTSON, RUSSELL W 5576 DOUG TAYLOR CIRCLE Street Address (P.O. Box Number is Not Acceptable) ST. JAMES CITY FL 33956 City Zip Code 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 Squature, typed or purited name of registered agent and late if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIFLE Detete TITLE ☐ Change Addition MATTSON, RUSSELL W NAME MAME STREET ADDRESS P.O. BOX 301 STREET ADORESS PINELAND FL 33945 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition MALKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete RILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-71P CH4-51-7P DILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - 7/P CUTY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP 12. Thereby certify that the information supplied with this fiting 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 supplier fertal report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receivered 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. 25 April 05 SIGNATURE

FILED

Jun 03, 2005 8:00 am