## **2007 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT** Apr 30, 2007 08:00 All Secretary of State **DOCUMENT # P05000066705** 1. Entity Name HOLÉSHOT CYCLES, INC. Principal Place of Business Maiting Address 3091 JAY ST 3091 JAY ST STUART, FL 34994 STUART, FL 34994 CR2E034 (11/05) 04202007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2844934 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MOTTO, MICHAEL N JR 3091 JAY ST **STUART, FL 34994** IN THIS SPACE 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 DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MOTTO, MICHAEL N JR NAME 3091 JAY ST STREET ADDRESS STUART, FL 34994 CITY - ST- ZIP TITLE MOTTO, MICHAEL N III NAME 3091 JAY ST STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 effecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS CITY - ST- ZIP

Date

Daytime Phone s