

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000117879

1. Entity Name
ADVENTURE MOTORCYCLE COMPANY



Principal Place of Business
**2525 LONGWOOD BLVD.
MELBOURNE, FL 32934**

Mailing Address
**PO BOX 360511
MELBOURNE, FL 32936**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3364166

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**IZZO, MICHAEL J
2525 LONGWOOD BLVD.
MELBOURNE, FL 32934**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
IZZO, MICHAEL J
2525 LONGWOOD BLVD.
MELBOURNE, FL 32934**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RUNION, PAUL J
100 MIAMI AVENUE
INDIALANTIC, FL 32903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000620415
02/09/07-80036-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 addressee, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07

Date

321 952 0112

Daytime Phone #