

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087011

FILED  
Feb 07, 2007  
Secretary of State

**Entity Name:** JZ RIDERS CUSTOM MOTORCYCLE SALES AND SERVICE, INC.

**Current Principal Place of Business:**

605 HICKMAN CIRCLE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

605 HICKMAN CIRCLE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 20-5145884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHROTH, DEREK ESQ.  
600 JENNINGS AVENUE  
EUSTIS, FL 32726 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: ZEBROWSKY, JEROME  
Address: 605 HICKMAN CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete  
Name: ZEBROWSKY, DEBRA L  
Address: 605 HICKMAN CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete  
Name: LAWSON, STEPHANIE A  
Address: 605 HICKMAN CIRCLE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: JUDKINS, RICHARD W  
Address: 605 HICKMAN CIRCLE  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** JEROME ZEBROWSKY

PT

02/07/2007

Electronic Signature of Signing Officer or Director

Date