

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032384

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** DISABLED MOTORCYCLE RIDERS, INC.

**Current Principal Place of Business:**

518 36TH STREET WEST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

518 36TH STREET WEST  
PALMETTO, FL 34221

**New Mailing Address:**

**FEI Number:** 35-2293873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE WITT, GAIL  
518 36TH STREET WEST  
PALMETTO, FL 34221 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:** D  
**Name:** DE WITT, GAIL  
**Address:** 518 36TH STREET WEST  
**City-St-Zip:** PALMETTO, FL 34221

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:** GAIL DEWITT

D

04/14/2010

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

\_\_\_\_\_  
Date