

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087664

Entity Name: MOTORCYCLE HELMET COMPANY, INC

FILED
Sep 03, 2008
Secretary of State

Current Principal Place of Business:

706 SAYBROOK ST
PORT ORANGE, FL 32127 US

New Principal Place of Business:

5656 ISABELLA AVE
UNIT 5
PORT ORANGE, FL 32127 US

Current Mailing Address:

706 SAYBROOK ST
PORT ORANGE, FL 32127 US

New Mailing Address:

5656 ISABELLA AVE
UNIT 5
PORT ORANGE, FL 32127 US

FEI Number: 26-0644230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAILLA, ROBIN
706 SAYBROOK ST
PORT ORANGE, FL 32127 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FAILLA, ROBIN
Address: 706 SAYBROOK ST
City-St-Zip: PORT ORANGE, FL 32127 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBIN FAILLA

PRES

09/03/2008

Electronic Signature of Signing Officer or Director

Date