

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025590

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** SICKLES MOTORCYCLE CORPORATION

**Current Principal Place of Business:**

2040 OVERSEAS HWY  
MARATHON, FL 33050

**New Principal Place of Business:**

2040 OVERSEAS HWY  
MARATHON, FL 33050 US

**Current Mailing Address:**

321 TOLLGATE SHORES DR  
ISLAMORADA, FL 33036

**New Mailing Address:**

321 TOLLGATE SHORES DR  
ISLAMORADA, FL 33036 US

**FEI Number:** 26-2144945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VLAUN, PETER J  
321 TOLL GATE SHORES DR.  
ISLAMORADA, FL 33036 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:** PV  
**Name:** VLAUN, ELAINE J  
**Address:** 321 TOLL GATE SHORES DR.  
**City-St-Zip:** ISLAMORADA, FL 33036 US

**Title:** ST  
**Name:** VLAUN, PETER J  
**Address:** 321 TOLL GATE SHORES DR.  
**City-St-Zip:** ISLAMORADA, FL 33036 US

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:** PETER J VLAUN

ST

02/18/2010

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

\_\_\_\_\_  
Date