

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000072515

**FILED**  
**Feb 25, 2012**  
**Secretary of State**

**Entity Name:** SEBRING MOTORCYCLE & ATV REPAIR INC.

**Current Principal Place of Business:**

4700 SOUTHSIDE BLVD.  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

4700 SOUTHSIDE BLVD.  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 26-3089607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWMAN, JULIE C  
3049 AZALEA LANE  
LAKE PLACID, FL 33852 US

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

NEWMAN, JULIE C  
1222 CORVETTE AVE  
SEBRING, FL 33870 US

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: JULIE NEWMAN

02/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NEWMAN, JOHN A  
Address: 3049 AZALEA LANE  
City-St-Zip: LAKE PLACID, FL 33852

Title: VP  
Name: NEWMAN, JULIE C  
Address: 1222 CORVETTE AVE  
City-St-Zip: SEBRING, FL 33872

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: JOHN NEWMAN

P

02/25/2012

Electronic Signature of Signing Officer or Director

Date