## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000073792

Address:

City-St-Zip:

FILED Jan 11, 2009 Secretary of State

Entity Name: RIDE YOU	JR MOTORCYCLE NOW, INC.			
Current Principal Place of Business:		New Principa	New Principal Place of Business:	
230 BREWER AVENUE WINTER PARK, FL 3278	9 US			
Current Mailing Address:		New Mailing	New Mailing Address:	
230 BREWER AVENUE WINTER PARK, FL 3278	9 US		P O BOX 1283 WINTER PARK, FL 32790 US	
FEI Number: 26-3122360	FEI Number Applied For ( )	FEI Number Not Applicat	ble ( ) Certificate of Status Desired ( )	
Name and Address of C	urrent Registered Agent:	Name and Ad	ddress of New Registered Agent:	
WEATHERFORD, WILLIA 1150 LOUISIANA AVENU SUITE 4 WINTER PARK, FL 3278	E			
The above named entity s in the State of Florida.	ubmits this statement for the pu	rpose of changing its r	registered office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: ( ) Name: Address: City-St-Zip:	Delete	Name: Lo Address: P	D () Change (X) Addition ORANT, FRANK L PRES O BOX 22042 AKE BUENA VISTA, FL 32830 US	
Title: ( ) Name: Address: City-St-Zip:	Delete	Name: Lo Address: P	OV () Change (X) Addition ORANT, SUSAN L VP O BOX 22042 AKE BUENA VISTA, FL 32830 US	
Title: ( ) Name: Address: City-St-Zip:	Delete	Address: P	P ( ) Change (X) Addition ORANT, B. ANDREW TREAS O BOX 22042 AKE BUENA VISTA, FL 32830 US	
Title: ( ) Name:	Delete	Title: V Name: Lo	P ( ) Change (X) Addition ORANT, S. MEREDITH SECY	

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.

Address:

City-St-Zip:

P O BOX 22042

LAKE BUENA VISTA, FL 32830 US

SIGNATURE: FRANK LORANT **PRES** 01/11/2009