

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**- Secretary of State**

**DOCUMENT # P95000032185**

1. Entity Name  
**MOTORCYCLE RIDER EDUCATION OF CLEARWATER,  
INC.**



Principal Place of Business  
**14800-58TH STREET NORTH  
CLEARWATER, FL 33760**

Mailing Address  
**14800-58TH STREET NORTH  
CLEARWATER, FL 33760**



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3304804</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**VAN KESTEREN & WATTS PA  
405 CENTRAL AVENUE  
SIXTH FLOOR  
ST. PETERSBURG, FL 33701**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000940124  
05/28/08-80053-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PALMORE, CURTIS L
STREET ADDRESS	14800-58TH STREET NORTH
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	VD
NAME	KNOF, JOHN
STREET ADDRESS	1925 RAINBOW DRIVE
CITY-ST-ZIP	CLEARWATER, FL 34625
TITLE	TD
NAME	SCOTT, GARY
STREET ADDRESS	1175 LOCUST STREET NE, #8
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	ASST
NAME	BURTON, JOHN C
STREET ADDRESS	6011 LATLAYA CT
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	SD
NAME	WARNER, WILLIAM F.
STREET ADDRESS	710 ATWOOD AVE. NO
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	VD
NAME	PARKER, CYNTHIA
STREET ADDRESS	27901 ROBIN ROOST LANE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-08

Daytime Phone #

727 742-2042