

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90055 050 ***150.00

DOCUMENT # P95000063766

1. Entity Name

KOKOPELLI MOTOR COMPANY, INC.



Principal Place of Business

711 CONFEDERATE CT.
GULF BREEZE FL 32561

Mailing Address

POST OFFICE BOX 1561
DESTIN FL 32540

2. Principal Place of Business

3. Mailing Address

P.O. Box 6592

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAVARRE, FLORIDA

4. FEI Number 59-3341211

Applied For

Not Applicable

Zip

Country

Zip

Country

32566

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAIN, CLARENCE D III
711 CONFEDERATE COURT
GULF BREEZE FL 32561

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME BAIN, CLARENCE D III
STREET ADDRESS 8003 LEGEND CREEK DRIVE
CITY-ST-ZIP DESTIN FL 32541

TITLE P ☒ Change ☐ Addition
NAME BAIN, CLARENCE D. III
STREET ADDRESS 711 CONFEDERATE COURT
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-13-04

Date

950-916-9096

Daytime Phone #