

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90096 033 ***150.00

DOCUMENT # P95000063766

1. Entity Name

KOKOPELLI MOTOR COMPANY, INC.



Principal Place of Business
711 CONFEDERATE CT.
GULF BREEZE FL 32561

Mailing Address
PO BOX 6592
NAVARRE FL 32566



2. Principal Place of Business - No P.O. Box #

9268 BARTON FARMS BOULEVARD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 51295

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

59-3341211

Applied For

Not Applicable

Zip

34240

Country

USA

Zip

34232-0331

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

9268 BARTON FARMS BOULEVARD

City

SARASOTA

FL

Zip Code

34240

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)

4.10.07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE P
NAME BAIN, CLARENCE D III
STREET ADDRESS 711 CONFEDERATE CT.
CITY- ST- ZIP GULF BREEZE FL 32561

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9268 BARTON FARMS BOULEVARD
CITY- ST- ZIP SARASOTA, FL 34240

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

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Clarence D. Bain III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.07

Date

941-312-4748

Day and Phone #