

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90007 032 \*\*\*150.00

**DOCUMENT # P97000086349**

1. Entity Name  
**OLD BIKER, INC.**



Principal Place of Business  
**2520 ARLINGTON AVENUE  
NEW SMYRNA BEACH, FL 32168**

Mailing Address  
**2520 ARLINGTON AVENUE  
NEW SMYRNA BEACH, FL 32168**

**44049619**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3476803**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, LOUANN V  
2520 ARLINGTON AVENUE  
NEW SMYRNA BEACH, FL 32168**

7. Name and Address of New Registered Agent

Name **LouAnn Bulling**  
Street Address (P.O. Box Number is Not Acceptable) **2520 ARLINGTON AVE**  
**New Smyrna Bch FL 32168**

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 **LouAnn Bulling**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**7/20/04**  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **COLEMAN, LOUANN V**  
STREET ADDRESS **2520 ARLINGTON AVENUE**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 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: **LouAnn Bulling**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/04**  
Date

**386 761 5747**  
Daytime Phone #

Attachment 44049619

TO WHOM IT AMY CONCERN,

# P97000086349

AS PER OUR CONVERSATION ON 7/6/04 I HAD NEVER RECEIVED THE NEW TYPE OF PAPER WORK FOR THE CORPORATE FILINGS UNTIL OUR CONVERSATION THEN I RECEIVED A NOTICE OF INTENT TO CANCEL MY COPRORATIONS. UPON OUR PHONE CONVERSATION I WAS TOLD TO WRITE A LETTER STATING THAT I DID NOT RECIEVE THE PAPER WORK THAT WAS SENT IN JANUARY AND TO PLEASE EXCUSE THE TARDINESS OF THE PAYMENT. AGAIN I AM VERY SORRY , ENCLOSED YOU WILL FIND THE PAPERWORK AND PAYMENT. IF YOU NEED TO REACH ME I AM AT THE FOLLOWING NUMBER 386-763-0505, THANK YOU VERY MUCH

MANAGERIAL PERSON

LOU ANN BULLING

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