

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013440

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** MOTORCYCLE INFORMATION NETWORK, INC.

**Current Principal Place of Business:**

9810 S. YORK WAY  
HOMOSASSA, FL 34448 US

**New Principal Place of Business:**

**Current Mailing Address:**

9810 S. YORK WAY  
HOMOSASSA, FL 34448 US

**New Mailing Address:**

**FEI Number:** 59-3556222      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWEIGHART, GREGORY S PST  
9810 S. YORK WAY  
HOMOSASSA, FL 34448 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: SCHWEIGHART, GREGORY S  
Address: 9810 SOUTH YORK WAY  
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

Title: V ( ) Delete  
Name: DUNCAN III, FREDERICK J  
Address: 437 SHAKER BLVD.  
City-St-Zip: ENFIELD, NH 03748

Title: D ( ) Delete  
Name: ROSE, KATHERINE  
Address: 6743 BENNETT PT.  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: GREGORY S SCHWEIGHART

PST

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date