2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000074196

1. Entity Name

MOTORCYCLES OF APOPKA, INC.



FILED Aug 25, 2004 8:00 am Secretary of State

08-25-2004 90003 044 ***150.00

Principal Place of Business		Mailing Address								
355 W ORANGE BLOSSOM TRAIL APOPKA FL 32712		355 W ORANGE BLOSSOM TRAIL APOPKA FL 32712						~100	JOUL	
						188				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (4/04)				
City & State		City & State			4. FEI Numb	er 59-35795	42		oplied For ot Applicable	
Zip	Country	Zip Coun		ry		5. Certificate	of Status Desired		88.75 Add ee Require	
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered A	gent	
				Name						
355	ISEY9, DAVID E W MAIN STREET SW ORA PKA FL 32712	NGE BLOSSOM TRAI	L	Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Cod	e
9. The above period active submits this statement for the purpose of sharping its					ragiotar	ad speed or be	th in the State of I			
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 MOWNING FEE TO DEFO.00										
FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it \$5.00 May Be										
Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00.								ed to Fees		
10. OFFICERS AND DIRECTORS 11.			11.			ADDITIONS	CHANGES TO OF	FFICERS AND	DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE	1					Change	Addition
NAME	KERSEY, DAVID E		NAMÉ	:						
STREET ADDRESS 355 W ORANGE BLOSSOM TRAIL				ET ADDRESS						
CITY-ST-ZIP	APOPKA FL 32712		CITY-	ST-ZIP						
TITLE			TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS			NAME	ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						
TITLE			TITLE						Change	Addition
NAME	Delice			NAME .					- Change	Addition
STREET ADDRESS			STREE	ET ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE						Change	Addition
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS						
			-	-ST-ZIP						
TITLE NAME			TITLE NAME						☐ Change	Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						
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NAME		Outsid	NAME						o.,ungo	
STREET ADDRESS			STREE	ET ADDRESS						
CITY-ST-ZIP CI			CITY-	-ST-ZIP						
12 I bereby	certify that the information cumplied wi	th this files does not much! fur	100000		C-	-t' 110 07(0)	(1) Charles Charles	17.41		

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 THE OF SIGNING OFFICER OR DIRECTOR

3 K WISEY

352:217-2787

Daytime Phone #

Attachment

54069807 # P99000074196

To whom it may concern-

Die mailet this out theice

a couple of window enveloper for mailing of course of the second time

I realized that I had installed it in the

under with my addess storing.

So this time I'm putting it in

a rejular envekpe. Dwar going te

use a window envelope again and I suit 'No"

DAJ