


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000079722 1. Entity Name TALLAHASSEE MOTORCYCLE WORKS, INC.	
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Principal Place of Business 260A HANNON MILL RD TALLAHASSEE, FL 32305	Mailing Address PO BOX 12612 TALLAHASSEE, FL 32317
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LUCAS, MARK A 260A HANNON MILL RD TALLAHASSEE, FL 32305
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DO NOT WRITE
IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	700054301557 05/12/05--01001--017 **150.00 DATE
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUCAS, MARK A 260A HANNON MILL RD TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Mark A. Lucas	Date _____	Daytime Phone # _____
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FILED

05 MAY 11 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3604688	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required