

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000074040

**Entity Name:** MOTORCYCLE TRAINING OF FLORIDA, INC.

**Current Principal Place of Business:**

162 HOLLY KNOWE ROAD  
ORANGE PARK, FL 32003

**Current Mailing Address:**

PO BOX 8912  
FLEMING ISLAND, FL 32006-0020 US

**FEI Number: 75-3117708**

**Certificate of Status Desired: No**

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

SMITH, LARRY E  
162 HOLLY KNOWE ROAD  
ORANGE PARK, FL 32003 US

*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

**Officer/Director Detail :**

Title P  
Name SMITH, LARRY E  
Address PO BOX 8912  
City-State-Zip: FLEMING ISLAND FL 32006

*I hereby 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 all other like empowered.*

**SIGNATURE: LARRY E SMITH**

**PRESIDENT**

**04/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date