

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000103

FILED
Sep 10, 2007
Secretary of State

Entity Name: TALLAHASSEE CYCLING, INC.

Current Principal Place of Business:

3158 W LAKE SHORE DR
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

3158 W LAKE SHORE DR
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 20-0663058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOLDBERG, STUART E
2039 CENTRE POINTE BLVD
SUITE 201
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LACHER, CHRISTOPHER
Address: 3158 W LAKE SHORE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MAY, WARREN
Address: 2468 ARVAH BRANCH BLVD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: AMANTIA, SAM
Address: 705 EAGLE VIEW CIR
City-St-Zip: TALLAHASSEE, FL 32311

Title: TREA () Delete
Name: WISE, STEVE
Address: PO BOX 184
City-St-Zip: MIDWAY, FL 32334

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE WISE

TREA

09/10/2007

Electronic Signature of Signing Officer or Director

Date