

2005 FOR PROFIT CORPORATION ANNUAL REPORT

PROCESSED SEP 23 2005

DOCUMENT # P03000082319

1. Entity Name
LADY BIKERS, INC.



FILED

05 SEP 23 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0128911
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Principal Place of Business
118 FLAGLER PLAZA DRIVE, #101
PALM COAST, FL 32137
Mailing Address
118 FLAGLER PLAZA DRIVE, #101
PALM COAST, FL 32137
2. Principal Place of Business
118 Flagler Plaza Dr #101
Suite, Apt. #, etc.
Suite #101
City & State
Palm Coast, FL
Zip
32137
Country
USA
3. Mailing Address
118 Flagler Plaza Dr
Suite, Apt. #, etc.
#101
City & State
Palm Coast, FL
Zip
32137
Country
USA

6. Name and Address of Current Registered Agent
NOWELL, SIDNEY M ESQ.
300 N. STATE STREET
BUNNELL, FL 32110

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIG, SCOTT
118 FLAGLER PLAZA DRIVE, #101
PALM COAST, FL 32137
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
800059771708
09/20/05--01012--005 **158.75
Change Addition

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: _____ Date 9-07-05 Daytime Phone # (346) 258-5260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR