

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

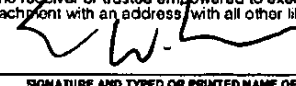
FILED
Jul 18, 2005 8:00 am
Secretary of State

06-23-2005 90001 030 ***150.00
07-18-2005 90047 006 ***400.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P03000140647					
1. Entity Name BIKES PLUS OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 3929 NAVY BLVD PENSACOLA FL 32507			Mailing Address 3929 NAVY BLVD PENSACOLA FL 32507		
2. Principal Place of Business 3682 BARRANCAS AVE			3. Mailing Address 2707 SUNRUNNER LN		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PENSACOLA FL		City & State GULF BREEZE FL		4. FEI Number 54-2133680	
Zip 32507	Country ESCAMBIA	Zip 32563	Country SANTA ROSA	5. Certificate of Status Desired ☐	
6. Name and Address of Current Registered Agent MATTHEWS, EDELL F JR. 308 S JEFFERSON ST PENSACOLA FL 32502				7. Name and Address of New Registered Agent ERIC HOLLMAN 2707 SUNRUNNER LN GULF BREEZE FL 32563	
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 obligation of registered agent. SIGNATURE  ERIC W. HOLLMAN DATE 5-1-05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLMAN, ERIC W 3929 NAVY BLVD PENSACOLA FL 32507 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLMAN, CARLA L 3929 NAVY BLVD PENSACOLA FL 32507 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  ERIC W. HOLLMAN			DATE 5-1-05 DAYTIME PHONE # 455-4369		