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Jul 18, 2005 8:00 am
Secretary of State
06-23-2005 90001 030 ***150.00
07-18-2005 90047 006 ***400.00

50055845

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

6

DOCUMENT # P03000140647

1. Entity Name

BIKES PLUS OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
3929 NAVY BLVD PENSACOLA FL 32507	3929 NAVY BLVD PENSACOLA FL 32507

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
3682 BARRANCAS AVE	2707 SUNRUNNER LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FL	City & State: GULF BREEZE FL
Zip: 32507 Country: ESCAMBIA	Zip: 32563 Country: SANTA ROSA

4. FEI Number 54-2133680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, EDSEL F JR.
308 S JEFFERSON ST
PENSACOLA FL 32502

7. Name and Address of New Registered Agent

Name: ERIC HOLLMAN

Street Address (P.O. Box Number is Not Acceptable)

2707 SUNRUNNER LN

City: GULF BREEZE FL Zip Code: 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 obligations of registered agent.

SIGNATURE: [signature] Eric W. Hollman 5-1-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 10		
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
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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: [signature] Eric W. Hollman 5-1-05 455-4369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #