

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90753 026 ***150.00

<div style="display: flex; justify-content: space-between;"> 412326 </div>																									
1. Entity Name DAYTONA CYCLE LEASING INC.																									
Principal Place of Business % DONALD AMARA 115 COUNTRY CIRCLE DRIVE WEST DAYTONA BEACH, FL 32124 US	Mailing Address % DONALD AMARA 115 COUNTRY CIRCLE DRIVE WEST DAYTONA BEACH, FL 32124 US																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 2. Principal Place of Business <i>115 Country Circle Dr E</i> </div> <div style="width: 45%;"> 3. Mailing Address <i>115 Country Circle Dr E</i> </div> </div>																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> City & State <i>Port Orange FL</i> </div> <div style="width: 45%;"> City & State <i>Port Orange FL</i> </div> </div>																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 4. FEI Number 59-1426458 </div> <div style="width: 45%;"> Applied For <input type="checkbox"/> Not Applicable </div> </div>																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 </div> <div style="width: 45%;"> Barcode </div> </div>																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 6. Name and Address of Current Registered Agent AMANA, DONALD 115 COUNTRY CIR DR W DAYTONA BEACH, FL 32124 </div> <div style="width: 45%;"> 7. Name and Address of New Registered Agent Name: <i>Amara, Donald</i> Street Address (P.O. Box Number is Not Acceptable): <i>115 Country Circle Drive, E</i> City: <i>Port Orange</i> FL Zip Code: <i>32128</i> </div> </div>																									
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 reinstating)																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div style="width: 45%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 </div> </div>																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>AMARA, DONALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>115 COUNTRY CIRCLE DRIVE WEST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAYTONA BEACH, FL 32124</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Amara, Donald</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>115 Country Circle Dr E</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port Orange FL 32128</td> <td></td> </tr> </table> </div> </div>		TITLE	PD	<input type="checkbox"/> Delete	NAME	AMARA, DONALD		STREET ADDRESS	115 COUNTRY CIRCLE DRIVE WEST		CITY-ST-ZIP	DAYTONA BEACH, FL 32124		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Amara, Donald		STREET ADDRESS	115 Country Circle Dr E		CITY-ST-ZIP	Port Orange FL 32128	
TITLE	PD	<input type="checkbox"/> Delete																							
NAME	AMARA, DONALD																								
STREET ADDRESS	115 COUNTRY CIRCLE DRIVE WEST																								
CITY-ST-ZIP	DAYTONA BEACH, FL 32124																								
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Amara, Donald																								
STREET ADDRESS	115 Country Circle Dr E																								
CITY-ST-ZIP	Port Orange FL 32128																								
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.																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE: <i>Donald A. Amara</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR </div> <div style="width: 45%;"> 4.29.04 Date </div> </div>																									