


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 458454 1. Entity Name MIAMI SPRINGS CYCLERY, INC.		
Principal Place of Business 518 LAKE LOUISE CIRCLE #802 NAPLES, FL 34110	Mailing Address 518 LAKE LOUISE CIRCLE #802 NAPLES, FL 34110	

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1555959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WHITEMAND, MARY FRANCES
518 LAKE LOUISE CIRCLE
#802
NAPLES, FL 34110

**DO NOT WRITE
IN THIS SPACE**

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, 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**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEMAN, MICHAEL 8932 SW 57 ST. COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITEMAN, MARY FRANCES 518 LAKE LOUISE CIRCLE, #802 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAYSON, KIMBERLY W. 2302 KEARA WAY CHARLOTTE, NC 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITEMAN, ROBERT A 318 LAKE LOUISE CIRCLE, #802 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEMAN, GLEN 120 BONACHI AVE. BILOXI, MS 39530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000319670
04/21/05-80006-011 150.00

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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: Robert A. Whiteman Robert A. Whiteman Secy 4/13/05 239-591-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #