## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 458454**

MIAMI ODDINIOO OVOLEDVI INO

FILED Feb 01, 2009 Secretary of State

Entity Nan	ne: MIAMI SE	PRINGS CYCLERY, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
#802	LOUISE CIRC	LE					
NAPLES, F	L 34110						
Current Mailing Address:				New Mailing Address:			
#802	LOUISE CIRC	LE					
NAPLES, FL 34110  FEI Number: 59-1555959  FEI Number Applied For ( )				FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
				• • • • • • • • • • • • • • • • • • • •	, ,		. ,
Name and	Address of C	Current Registered Agent:	Name and Address of New Registered Agent:				
WHITEMAND, MARY FRANCES 518 LAKE LOUISE CIRCLE #802				WHITEMAN, MARY FRANCES PRES 518 LAKE LOUISE CIRCLE #802			
NAPLES, FL 34110 US				NAPLES, FL 34110 US			
The above in the State		submits this statement for th	ne purpose o	f changing it	ts registered	d office or registered age	ent, or both,
SIGNATUR	RE: MARY FF	RANCES WHITEMAN		02/01/2009			
	Electror	nic Signature of Registered	Agent			Date	
Election Cam	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( WHITEMAN, M 8932 SW 57 S' COOPER CITY	т.		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WHITEMAN, M	) Delete ARY FRANC, ES ISE CIRCLE, #802 4110		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( GRAYSON, KIN 2302 KEARA V CHARLOTTE, N	VAY		Title: Name: Address: City-St-Zip:	GRAYSON, I 2302 KEARA	(X) Change ( ) Addition KIMBERLY W., A WAY E, NC 28270 US	
Title: Name: Address: City-St-Zip:	WHITEMAN, R	ISE CIRCLE, #802		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name:	D ( WHITEMAN, G	) Delete LEN,		Title: Name:	D WHITEMAN,	(X) Change ( ) Addition GLEN,	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

637 RIDGE DR

City-St-Zip: BILOXI, MS 39532 US

SIGNATURE: MARY FRANCES WHITEMAN **PRES** 02/01/2009

120 BONACHI AVE.

City-St-Zip: BILOXI, MS 39530

Address: