
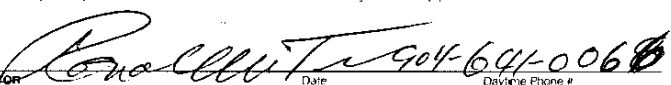


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90058 045 \*\*\*150.00

<b>DOCUMENT # 511541</b> 1. Entity Name <b>RON TURNER CYCLES, INC.</b>						
Principal Place of Business <b>10263 BEACH BLVD.</b> <b>JACKSONVILLE, FL 32246 US</b>			Mailing Address <b>10263 BEACH BLVD.</b> <b>JACKSONVILLE, FL 32246 US</b>			
2. Principal Place of Business <b>10315 Beach Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>10315 Beach Blvd.</b> Suite, Apt. #, etc.				
City & State <b>Jacksonville, FL</b> Zip <b>32246</b>		City & State <b>Jacksonville, FL</b> Zip <b>32246</b>		4. FEI Number <b>59-1690237</b>		
Country <b>U.S.</b>		Country <b>U.S.</b>		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01072005 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent  <b>TURNER, RONALD W.</b> <b>10263 BEACH BLVD.</b> <b>JACKSONVILLE, FL 32246</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10315 Beach Blvd</b> City <b>Jacksonville</b>			
State <b>FL</b>			Zip Code <b>32246</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, RONALD W 10263 BEACH BOULEVARD JACKSONVILLE, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10315 Beach Blvd</b> <b>Jacksonville, FL 32246</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TURNER, LINDA G. 10263 BEACH BLVD. JACKSONVILLE, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10315 Beach Blvd</b> <b>Jacksonville, FL 32246</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
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: <u>Ronald W. Turner</u> 						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						

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