


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

| | | |
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| DOCUMENT # 634493 1. Entity Name CYCLE ACCESSORIES WEST, INC. | |  |
| Principal Place of Business 6336 BLANDING BLVD. JACKSONVILLE, FL 32244 | Mailing Address 6336 BLANDING BLVD. JACKSONVILLE, FL 32244 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent CARTER, DOYLE 6338 BLANDING BLVD. JACKSONVILLE, FL 32244 | | 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | PS CARTER, DOYLE D. 6336 BLANDING BLVD JACKSONVILLE, FL 32244 | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | TVP CARTER, PATRICIA A. 6336 BLANDING BLVD JACKSONVILLE, FL 32244 | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Doyle D. Carter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>1-11-06</u> <u>904-778-0941</u> <small>Date Daytime Phone #</small> |



01032006 No Chg-P CR2E034 (11/05)

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|---|---|
| 4. FEI Number 59-1929059 | Applied For (Not Applicable) |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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01/24/06-80021-020 150.00

**DO NOT WRITE
IN THIS SPACE**