
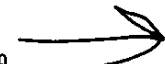
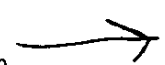
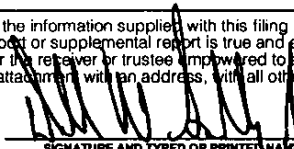


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90029 030 ***150.00

DOCUMENT # 654513			
1. Entity Name BAY SCHWINN CYCLERY, INC.			
Principal Place of Business 3611 W. Hwy 98 3611 W. Hwy 98 PANAMA CITY, FL 32405 US 32401		Mailing Address DALLAS W SMOLLEY JR 425 BAYSTONE DR #13 PANAMA CITY BEACH, FL 32407 US	
2. Principal Place of Business - No. P.O. Box # Bay Schwinn Cyclery Inc. Suite, Apt. #, etc. 3611 W. Hwy 98 City & State Panama City, FL Zip 32401 Country USA USA		3. Mailing Address Dallas W. Smalley Jr. Suite, Apt. #, etc. 425 Bayshore Dr. #13 City & State Panama City Beach FL Zip 32407 Country USA USA	
4. FEI Number 59-1982287		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMALLEY, DALLAS W. JR 2424 W 23RD ST PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SMALLEY, DALLAS W JR 2424 WEST 23RD ST PANAMA CITY, FL 00000 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dallas W. Smalley Jr. 425 Bayshore Dr. #13 Panama City Beach, FL 32407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMALLEY, DEBRA C 2424 WEST 23RD ST PANAMA CITY, FL 00000. 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Debra Smalley 425 Bayshore Dr #13 Panama City Beach, FL 32407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 3/17/08 Daytime Phone #: 850 785 2022	

50000338



03082008 Chg-P CR2E034 (12/06)