2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 674526

1. Entity Name
ADVENTURE CYCLES, INC.

Principal Place of Business	Mailing Address
625 NO. COURTENAY PKWY. MERRITT ISLAND, FL 32953	625 NO. COURTENAY PKWY. MERRITT ISLAND, FL 32953

01162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-2013200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HORNER, DAVID ALLEN
625 NO. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable ... stating) DATE

ATTACH YOUR CHECK IN THE AMOUNT OF $150.00 PAYABLE TO THE "DEPARTMENT OF STATE" AFTER MAY 1ST FEE WILL BE $ 550.00

...y Be ...es

...ITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

STREET ADDRESS	625 N. COURTENAY PKWY.		STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	MERRITT ISLAND, FL		CITY-ST-ZIP	
TITLE	VST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HORNER, CAROL ANN		NAME	U00000798759
STREET ADDRESS	625 N. COURTENAY PKWY.		STREET ADDRESS	01/30/08-80042-007 150.00
CITY-ST-ZIP	MERRITT ISLAND, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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.

Sign Here

SIGNATURE: Carol Horner CAROL HORNER PICS 1 24 08 321 452 3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #