

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005916

Entity Name: THE TRIKE SHOP, INC.

FILED  
Jul 28, 2008  
Secretary of State

**Current Principal Place of Business:**

3744 SCHEUNEMAN ROAD  
WHITE BEAR LAKE, MN 55110

**New Principal Place of Business:**

**Current Mailing Address:**

3744 SCHEUNEMAN ROAD  
WHITE BEAR LAKE, MN 55110

**New Mailing Address:**

FEI Number: 41-1691919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LINDHOLM, RICHARD A  
Address: 54 COQUINE PT DR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VST ( ) Delete  
Name: LINDHOLM, HELEN L  
Address: 54 COQUINE PT DR.  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LINDHOLM, RICHARD A  
Address: 54 COQUINA PT DR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VST (X) Change ( ) Addition  
Name: LINDHOLM, HELEN L  
Address: 54 COQUINA PT DR.  
City-St-Zip: ORMOND BEACH, FL 32174

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.

SIGNATURE: JIM MCGURRAN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CONT

07/28/2008

\_\_\_\_\_ Date