

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F36701	
1. Entity Name RON'S CYCLE SUPPLY, INC.	

Principal Place of Business 124 N EDWARDS AVENUE BRANDON FL 33511 US	Mailing Address 124 N EDWARDS AVENUE BRANDON FL 33511 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent CLAY, SHARON S. 124 N EDWARDS AVENUE BRANDON FL 33511		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 59-2101356	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	VPP <input type="checkbox"/> Delete
NAME	CLAY, RONALD J
STREET ADDRESS	124 N EDWARDS AVENUE
CITY-ST-ZIP	BRANDON FL 33511
TITLE	S <input type="checkbox"/> Delete
NAME	CLAY, SHARON S.
STREET ADDRESS	124 N EDWARDS AVENUE
CITY-ST-ZIP	BRANDON FL 33511
TITLE	T <input type="checkbox"/> Delete
NAME	JANEDA, JOSEPH P.
STREET ADDRESS	124 N EDWARDS AVENUE
CITY-ST-ZIP	BRANDON FL 33511
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000040623
CITY-ST-ZIP	02/09/04-80055-015 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Joe Janeda **2-4-04** **813 685-4338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #