

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F85229**

1. Entity Name  
**HOUSE CYCLE WORLD, INC.**



Principal Place of Business

**7822 N DALE MABRY  
TAMPA, FL 33614**

Mailing Address

**7822 N DALE MABRY  
TAMPA, FL 33614**



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2199417**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FINAN, JOSEPH ARTHUR  
4424 BAY COURT AVE  
TAMPA, FL 33611**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000337210  
04/27/05-80160-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FINAN, JOSEPH A
STREET ADDRESS	4424 BAY CT, AVE
CITY-STATE-ZIP	TAMPA, FL 33611
TITLE	D
NAME	FREIBERGER, COLLETTE
STREET ADDRESS	8411 LOSTARA AVE N.
CITY-STATE-ZIP	JACKSONVILLE, FL 32211
TITLE	VST
NAME	KIM, CAPRI A
STREET ADDRESS	4431 BAYCOURT AVE.
CITY-STATE-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Capri A Kim, P* **CAPRI A Kim, P** 4/21/05 813 837-3438