

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 A
Secretary of State

DOCUMENT # F97844

1. Entity Name
FORTE CYCLE CENTER, INC.



Principal Place of Business

% MICHAEL A. TABOR
629 BEAL PARKWAY
FT. WALTON BEACH, FL 32548

Mailing Address

% MICHAEL A. TABOR
629 BEAL PARKWAY
FT. WALTON BEACH, FL 32548



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2247224

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FORTE, CARLO E., JR.
3350 LA CONDESA
GULF BREEZE, FL 32561

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FORTE, MARY Z
STREET ADDRESS	12 WARWICK DR
CITY-ST-ZIP	SHALIMAR, FL
TITLE	D
NAME	FORTE, ANTHONY S.
STREET ADDRESS	628 BEAL PRWY
CITY-ST-ZIP	FT. WALTON BCH., FL
TITLE	VD
NAME	FORTE, CARLO E JR.
STREET ADDRESS	3350 LA CONDESA
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000683143
04/05/07-80033-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony S Forte **ANTHONY S FORTE**

3/9/07

Date

850-862-6815

Daytime Phone #