## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Jan 31, 2006 08:00 AN

| DOCUMENT # H17133  1. Entity Name MAC'S BIKE SHOP, INC.  |  |  |                            |                                      | Sec                    | retary          | oi State             |
|--|--|--|----------------------------|--------------------------------------|------------------------|-----------------|----------------------|
|  | e of Business<br>VANNAH ROAD<br>CH, FL 34957 US                                | Mailing Address<br>4383 N. SKYLINE DRIVE<br>JENSEN BEACH, FL 34957 |                            |                                      |                        |                 |                      |
| DO NOT WRITE IN THIS SPA   |  |  | CE                         | 01162006<br>4. FEI Number<br>59-2452 | No Chg-P               | CR2E034 (       |                      |
|  | 6. Name and Address of Current Re  | gistered Agent   |                            |                                      |                        |                 |                      |
| GORMAN, MADELON<br>4383 N SKYLINE DR<br>JENSEN BEACH, FL 34957   |  |  |                            |                                      | NOT W<br>HIS SP        |                 |                      |
|  | named entity submits this statement for t<br>tions of registered agent.        | ne purpose of changing its register                                | red office or registe      | red agent, or both                   | n, in the State of Flo | rida. I n famil | iar with, and accept |
| SIGNATURE_   | Signature, 1994 or printed name at registered agent and                        | little if applicable. (NOTE, Registers                             | ed Agent signature require | d when reinstating)                  |                        | DATE            |                      |
| FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution |  |  |                            | .00 May Be<br>ded to Fees            |                        |                 |                      |
| 10.  | OFFICERS AND DI  | RECTORS .  | _                          |                                      |                        |                 |                      |
| nitle<br>Name<br>Street address<br>City-St-Zip   | P<br>GORMAN, MADELON<br>4383 N. SKYLINE DR<br>JENSEN BEACH, FL                 |  |                            | <del></del>                          |                        |                 |                      |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP  | VST<br>GORMAN, ROBERT E.<br>7935 SOUTHEAST TRENTON AVI<br>HOBE SOUND, FL 33455 |  | _                          | 000000<br>- 2 <mark>00</mark> /80    | 1408212<br>-80050-02   | 0 150.00        |                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                            | DO                                   | NOT W                  | RITE            |                      |
| TITLE NAME STREET ADDRESS  |  |  |                            | ÎN 7                                 | THIS SP                | PACE            |                      |

marle land

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

<sup>12.</sup> 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.