2004 FOR PROFIT CORPORATION

Apr 16, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # H33101 1. Entity Name 04-16-2004 90117 017 ***150.00 NORTH AMERICAN BICYCLE CO., INC. Mailing Address Principal Place of Business ATTN: MARC A REUSCH 1110 W JEFFERSON ST BROOKSVILLE FL 34601-1418 ATTN: MARC A REUSCH 1110 W JEFFERSON ST BROOKSVILLE FL 34601-1418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-2523765 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REUSCH, MARC A Street Address (P.O. Box Number is Not Acceptable) 1110 W JEFFERSON ST BROOKSVILLE FL 34601-1418 City Zip Code 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 registating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PST** TITLE □ Delete TITLE ☐ Change M Addition NAME REUSCH, MARC A NAME 1110 W JEFFERSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL CITY-ST-ZIP VD ☐ Delete ☐ Change ☐ Addition NAME REUSCH, MARC A NAME 1110 W JEFFERSON ST STREET ADDRESS STREET ADDRESS BROOKSVILLE FL CITY-ST-ZIP CITY-ST-7(P Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

SIGNATURE: _	Melen A humal	MARC A. REUSCH	PRESIDENT 02/05/04	(352)799-7609
	CICNATURE AND TYPES OF POWER MANY OF CICHING OFFICER OF PURESTOR		D-t-	D- + Di 4