

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J15965

1. Entity Name
THE BICYCLE CENTER OF KEY WEST, INC.



Principal Place of Business
523 TRUMAN AVE.
KEY WEST, FL 33040

Mailing Address
523 TRUMAN AVE.
KEY WEST, FL 33040

FILED
Jul 05, 2005 08:00 AM
Secretary of State



05122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2681920

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

ROBINSON, CHARLES R.
523 TRUMAN AVE.
KEY WEST, FL 33040

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBINSON, CHARLES R. 523 TRUMAN AVE. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000370238
07/05/05-80008-020 \$50.00

**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)(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:

Charles R. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *6/28/05* Daytime Phone #