

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26236

FILED
Jan 23, 2008
Secretary of State

Entity Name: THE BIKE SHOP OF WINTER HAVEN, INC.

Current Principal Place of Business:

509 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

509 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-2704814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACK, DAVID
509 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LACK, WILLIAM,
Address: 1601 S.E. 8TH AVE, LOT 496
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VSD () Delete
Name: LACK, FRANCES,
Address: 1601 S.E. 8TH AVE. LOT 496
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: P () Delete
Name: LACK, DAVID
Address: 167 LAKE RING DR.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: LACK, WILLIAM,
Address: 1204 TANGERINE PARKWAY
City-St-Zip: WINTER HAVEN, FL 33881

Title: VSD (X) Change () Addition
Name: LACK, FRANCES,
Address: 1204 TANGERINE PARKWAY
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LACK

P

01/23/2008

Electronic Signature of Signing Officer or Director

Date