

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K16752

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: CYCLE LOGICAL DISTRIBUTORS, INC.

**Current Principal Place of Business:**

% A. ROBERT CUMMING  
3233 S.W. 42ND AVE.  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

% A. ROBERT CUMMING  
3233 SW 42ND AVE  
PALM CITY, FL 34990 US

**New Mailing Address:**

FEI Number: 65-0034781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUMMING, A. ROBERT  
3233 SW 42ND AVE  
PALM CITY, FL 34990 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: DPT ( ) Delete  
Name: CUMMING, A. ROBERT,  
Address: 12901 SE LAUEL VALLEY LANE  
City-St-Zip: HOBE SOUND, FL 33455

Title: DVS ( ) Delete  
Name: CUMMING, ANDREA J.  
Address: 12901 SE LAUEL VALLEY LANE  
City-St-Zip: HOBE SOUND, FL 33455

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: A. ROBERT CUMMING

DPT

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date