## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2005 08:00 AM Secretary of State

DOCUMENT # L15920
1. Entity Name
BICYCLE SPORT, INC.



Principal Place of Business

% STEVEN J. VENDEGNA 858 21ST STREET VERO BCH, FL 32960 Mailing Address

% STEVEN I. VENDEGNA 858 21ST STREET VERO BCH, FL 32960



DO NOT WRITE IN THIS CRASE	01112005 No Chg-P	CH2E034 (10/03)	
DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0147477	Applied For Not Applicable	
_	5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARROLL, BEVIN 858 21ST STREET VERO BEACH, FL 32960

## 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	Signature, typed or printed name of registered agent and title	If applicable (NOTE Registered	Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing $\Box$	\$5.00 May Be Added to Fees			
10.	ÖFFICERS AND DIREC	CTORS		<del></del>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VENDEGNA, STEVEN J. 533 GRAND ESTATES DR ESTES PARK, CO				1000000188510 01/24/05-80058-021 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARROLL, BEVIN 1515 CORAL AVE. VERO BEACH, FL						
TITLE NAME STREET ADDRESS CITY - ST-ZIP	T TAYLOR, JAMES A 406 EUGENIA RD VERO BEACH, FL			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby o	certify that the information supplied with this fi	ling does not qualify for the exem	nption stated	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the Information		

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee impowered 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 appleass with all other like empowered.

SIGNATURE:

A. Bevin Carroll Oan 17 2005 (772) Stage-5990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description