

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90310 026 \*\*\*150.00

**DOCUMENT # L29716**

1. Entity Name

BIKE RENTALS, INC.



Principal Place of Business

2330 PALM RIDGE ROAD  
SANIBEL ISLAND FL 33957

Mailing Address

14530 US 41 SOUTH  
FT. MYERS FL 33912



2. Principal Place of Business

8595 College PKY  
Suite, Apt. #, etc.  
B-1

3. Mailing Address

8595 College PKY  
Suite, Apt. #, etc.  
B-1

1st MOORE

CR2E034 (10/05)

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

65-0170879

Applied For

Not Applicable

Zip

33919

Country

USA

Zip

33919

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, LINDA A ST  
14530 US 41 SOUTH  
FT. MYERS-FL-33912

7. Name and Address of New Registered Agent

Name

Linda A. Smith

Street Address (P.O. Box Number is Not Acceptable)

8595 College PKY B-1

City

Fort Myers

FL

Zip Code

33919

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

Linda A. Smith

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/3/06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WALLSTEDT, ANNA M  
STREET ADDRESS 2330 PALM RIDGE ROAD  
CITY-ST-ZIP SANIBEL ISLAND FL 33957

TITLE ST ☐ Delete  
NAME SMITH, LINDA A  
STREET ADDRESS 2330 PALM RIDGE RD  
CITY-ST-ZIP SANIBEL ISLAND FL 33957

TITLE VP ☐ Delete  
NAME WALLSTEDT, WILLIAM C  
STREET ADDRESS 2330 PALM RIDGE ROAD  
CITY-ST-ZIP SANIBEL ISLAND FL 33957

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME Wallstedt, Anna M  
STREET ADDRESS 8595 College PKY B-1  
CITY-ST-ZIP Fort Myers, FL 33919

TITLE ST ☒ Change ☐ Addition  
NAME Smith, Linda A  
STREET ADDRESS 8595 College PKY B-1  
CITY-ST-ZIP Fort Myers, FL 33919

TITLE VP ☒ Change ☐ Addition  
NAME Wallstedt William C  
STREET ADDRESS 8595 College PKY B-1  
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Linda A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

Date

239-481-3316

Daytime Phone #