

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L41287 1. Entity Name CYCLE LAB, INC.	
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Principal Place of Business 1911 S STATE RD 7 FT LAUDERDALE, FL 33317	Mailing Address 1911 S STATE RD 7 FT LAUDERDALE, FL 33317
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0167763	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

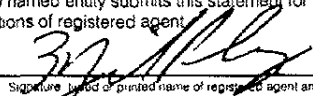
6. Name and Address of Current Registered Agent

CASEY, MICHAEL P.
1911 S STATE RD 7
FT LAUDERDALE, FL 33317

**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



PRESIDENT

4-21-04

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	D CASEY, MICHAEL P. 1911 S STATE RD 7 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CASEY, MICHAEL P. 1911 S STATE RD 7 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASEY, MICHAEL 1911 S STATE RD 7 FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASEY, MICHAEL P 1911 S STATE RD 7 FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASEY, MICHAEL P 1911 S STATE RD 7 FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000128359
04/26/04-80034-010 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04 954-587-4392

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Daytime Phone #