

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66472

Entity Name: GATOR CYCLE, INC.

FILED  
Mar 17, 2005  
Secretary of State

**Current Principal Place of Business:**

3321 SW ARCHER RD  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

3321 SW ARCHER RD  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 59-3009288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HATFIELD, ANDERSON E  
4114 NW 13TH ST  
GAINESVILLE, FL 32609 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: D ( ) Delete  
Name: STEIN, SHALOM,  
Address: 927 NW 11TH AVE  
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete  
Name: SHOMER, ARTHUR,  
Address: 9831 SW 55TH RD  
City-St-Zip: GAINESVILLE, FL 32608

**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 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 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: ARTHUR SHOMER

D

03/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date