2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# M88184

Entity Name: GRANDPA'S CYCLE CENTER, INC.

Current Principal Place of Business:

6231 MELLOW DR.
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

3596 FOWLER ST
FORT MYERS, FL 33901

Current Mailing Address:

6231 MELLOW DR.
NORTH FORT MYERS, FL 33917

New Mailing Address:

3596 FOWLER ST
FORT MYERS, FL 33901

FEI Number: 65-0059051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, LYNDA
3596 FOWLER ST.
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

STEWART, LYNDA C
3596 FOWLER ST.
FORT MYERS, FL 33901 US

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: LYNDA STEWART 04/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: STEWART, MARION
Address: 6231 MELLOW DR.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DVS ( ) Delete
Name: STEWART, LYNDA
Address: 6231 MELLOW DR.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: T ( ) Delete
Name: STEWART, LYNDA
Address: 6231 MELLOW DR.
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LYNDA STEWART DVS 04/27/2009
Electronic Signature of Signing Officer or Director Date