

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000006218	
1. Entity Name CYCLEFEST INC.	



FILED

05 SEP 20 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 9266 PINION DR LAKE WORTH, FL 33467	Mailing Address 9266 PINION DR LAKE WORTH, FL 33467
---	---

2. Principal Place of Business 728 "N" ST. Suite, Apt. #, etc.	3. Mailing Address 728 "N" ST. Suite, Apt. #, etc.
--	--

09092005 Chg-NP CR2E037 (10/03)

City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401	Zip 33401
Country	Country

4. FEI Number 65-1040765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HASSELL, MARK 7205 WEST LAKE DR. WEST PALM BEACH, FL 33406	
---	--

7. Name and Address of New Registered Agent Name TAGUE, MIKE Street Address (P.O. Box Number is Not Acceptable) 728 "N" ST. City WEST PALM BEACH, FL Zip Code 33401	
---	--

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 <u>Mike TAGUE PRESIDENT</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>9/14/05</u> (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
-----------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSELL, MARK 7205 WEST LAKE DRIVE WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGUE, MIKE 7205 WEST LAKE DRIVE WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERLAAN, DAVE 7205 WEST LAKE DRIVE WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURDY, MIKE 7205 WEST LAKE DRIVE WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONE, BILL 7205 WEST LAKE DR WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. VICE PRESIDENT FERNANDEZ, GINA 728 "N" ST WEST PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT TAGUE, MIKE 728 "N" ST WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RASIGGA, TOM 728 "N" ST WEST PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PURDY, MIKE 728 "N" ST WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: <u>Mike TAGUE PRESIDENT</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>9/14/05</u> Daytime Phone # <u>561 252 8236</u>