2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Apr 08, 2005 08:00 AM DOCUMENT # P00000066890 **Secretary of State** 1. Entity Name BEACH STREET BIKES, INC. Mailing Address Principal Place of Business 406 N. BEACH STREET DAYTONA BEACH FL 32114 406 N. BEACH STREET DAYTONA BEACH FL 32114 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEi Number 59-3658657 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL, JEROME D ESQ Street Address (P.O. Box Number is Not Acceptable) 400 SOUTH PALMETTO AVE DAYTONA BEACH FL 32114 Zip Code 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 DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Delete THE □ Change Addition MULE JOHNSON, PAT NAME Unnnnn294478 NAME STREET ADDRESS 406 N. BEACH STREET 04/08/05-80070-016 150.00 STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY ST-718 ☐ Change Addition ☐ Delete titu*£* TITLE HURTISISE, RON L NAME STREET ADDRESS STREET ADDRESS 406 N. BEACH STREET DAYTONA BEACH FL 32114 CHY-SI-ZIP CLTY-ST-ZIP Change Addition ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS City-St-7iP CILY-S1-ZIP Change ☐ Addition THE ☐ Delete TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST. ZIP CITY-ST-ZIP 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 port 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 of this leavempowered 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.

ATIBISE 4

FILED