FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90438 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

14016112

DOCUMENT # P00000117420

1. Entity Name
PINE FOREST CYCLES INC.

Principal Place of Business	Mailing Address
6808 PINE FOREST RD PENSACOLA, FL 32526	6808 PINE FOREST RD PENSACOLA, FL 32526

DO NOT WRITE IN THIS SPACE

04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3692505

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARON, MICHAEL R
622 EDGEWATER DR
PENSACOLA, FL 32507

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 _____ DATE
Signature, name, or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	CHARON, MICHAEL
STREET ADDRESS	622 EDGEWATER DR
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	VP
NAME	BRIDGES, JEFFREY SR
STREET ADDRESS	7010 BEN SASSER DR
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Jeffrey Bridges Sr. 4/29/04 850-941-1147
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone

04/29/04 09:41A P.002