

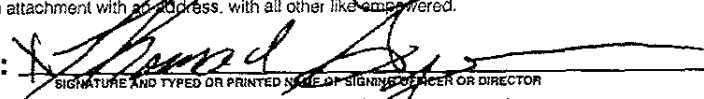


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # P01000005222</b><br>1. Entity Name<br><b>FOUR POWER CYCLE, INC.</b>   |   |                                       |  |
| Principal Place of Business<br><b>701 N MOODY ROAD BLDG 14-2<br/>PALATKA, FL 32177</b>  |   | Mailing Address<br><b>701 N MOODY ROAD BLDG 14-2<br/>PALATKA, FL 32177</b>   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |                                     |  |
|   |   | 01202004 No Chg-P CR2E034 (10/03)  |  |
|   |   | 4. FEI Number<br><b>59-3690035</b>   |  |
|   |   | Applied For<br>Not Applicable  |  |
|   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GUZAN, THOMAS<br/>701 N MOODY ROAD BLDG 14-2<br/>PALATKA, FL 32177</b>  |   | <b>DO NOT WRITE IN THIS SPACE</b>  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 10. OFFICERS AND DIRECTORS  |   | <b>DO NOT WRITE IN THIS SPACE</b><br><br>U00000137683<br>04/29/04-80050-017 150.00                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>GUZAN, THOMAS<br>701 N MOODY ROAD BLDG 14-2<br>PALATKA, FL 32177 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>MORAN, KATHY<br>701 N MOODY RD 14-2<br>PALATKA, FL 32177         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 information. |   |  |  |
| SIGNATURE:    |   | Date _____ Daytime Phone # _____   |  |