

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**



DOCUMENT # P01000005669

1. Entity Name  
 RICK CASE CYCLES, INC.

Principal Place of Business  
 500 EAST BROWARD BLVD.  
 SUITE 1950  
 FORT LAUDERDALE, FL 33394

Mailing Address  
 500 EAST BROWARD BLVD.  
 SUITE 1950  
 FORT LAUDERDALE, FL 33394



03102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1089723 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDIN, DAVID C  
 500 EAST BROWARD BLVD.  
 SUITE 1950  
 FORT LAUDERDALE, FL 33394

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASE, RICK
STREET ADDRESS	949 HILLSBORO MILE
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062
TITLE	D
NAME	CASE, RITA
STREET ADDRESS	949 HILLSBORO MILE
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000538983  
 05/09/06-80083-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 954-377-7420  
Date Daytime Phone #