


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P02000001434 1. Entity Name MD CUSTOM CYCLES INC. |  |
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| Principal Place of Business 102670 OVERSEAS HWY. KEY LARGO, FL 33037 | Mailing Address 102670 OVERSEAS HWY. KEY LARGO, FL 33037 |
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02282004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0647535 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent LYNCH, MORGAN D 102670 OVERSEAS HWY. KEY LARGO, FL 33037 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and date if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000083371 03/10/04-80036-019 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP VISSER, AMY 102670 OVERSEAS HWY. KEY LARGO, FL 33037 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST LYNCH, AMANDA 102670 OVERSEAS HWY. KEY LARGO, FL 33037 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P LYNCH, MORGAN 102670 OVERSEAS HWY. KEY LARGO, FL 33037 |
| 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.

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| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 3/7/04 <small>Date</small> | 3054513446 <small>C daytime Phone #</small> |
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