2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000006719

1. Entity Name
VILLIN CYCLE WORKS, INC.

Principal Place of Business	Mailing Address
2133 NW 6TH STREET	2133 NW 6TH STREET
GAINESVILLE, FL 32609	GAINESVILLE, FL 32609

DO NOT WRITE IN THIS SPACE

04042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
60-0002556	Not Applicable

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

6. Name and Address of Current Registered Agent

DOLD, ALEXIS
2133 NW 6TH STREET
GAINESVILLE, FL 32609

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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 _____   DATE 4 / 8-05

Signature, typed 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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000000315935 04/19/05-80054-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	DOLD, ALEXIS
STREET ADDRESS	2133 NW 6TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32609

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   Date 4-18 05   Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR