
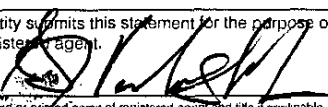
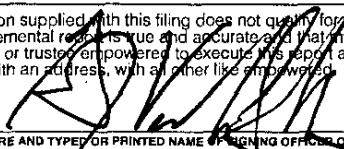


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90457 039 \*\*\*150.00

<b>DOCUMENT # P02000029491</b> 1. Entity Name <b>TRICYCLE PRESS, INC.</b>					
Principal Place of Business <b>1964 ALAMANDA DR #12 NAPLES, FL 34102</b>			Mailing Address <b>1964 ALAMANDA DR #12 NAPLES, FL 34102</b>		
2. Principal Place of Business <b>1364 Cooper Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>1364 Cooper Dr.</b> Suite, Apt. #, etc.			
City & State <b>Naples, FL</b> Zip <b>34103</b>		City & State <b>Naples, FL</b> Zip <b>34103</b>		4. FEI Number <b>02-0562582</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VERHOVSHEK, G. JOHN 1964 ALAMANDA DR #12 NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name <b>Verhovshek, G. John</b> Street Address (P.O. Box Number is Not Acceptable) <b>1364 Cooper Dr.</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34103</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:  DATE: <b>4-21-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>VERHOVSHEK, G. JOHN 1964 ALAMANDA DR #12 NAPLES, FL 34102</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Verhovshek, G. John 1364 Cooper Dr. Naples, FL 34103</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE: 			Date <b>4-21-04</b> Daytime Phone # <b>239 272-0829</b>		