**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Mar 08, 2004 08:00 AV DOCUMENT # P02000063550 **Secretary of State** 1. Entity Name TRIKES & BIKES PRO SHOP, INC. Principal Place of Business Mailing Address 3453 FOWLER STREET 3453 FOWLER STREET FT MYERS FL 33901 FT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 75-3065609 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARRANAGA, PHYLLIS Street Address (P.O. Box Number is Not Acceptable) 3453 FOWLER STREET FT MYERS FL 33901 Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TITLE ☐ Delete TITLE ☐ Change ☐ Addition LARRANAGA, PHYLLIS MAME NAME U00000080369 03/08/04-80107-001 150.00 2161 ARUBA AVE STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-7IP CITY-ST-ZIP DVS TITLE Delete TITLE Change ☐ Addition LARRANAGA, ERNEST L NAME NAME 2161 ARUBA AVE STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE 🔲 Delele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST - ZIP

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

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changed, or on an attachment with all address, with all other like empowered

SIGNATURE:

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