

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90018 008 ***150.00

DOCUMENT # P02000063550 1. Entity Name TRIKES & BIKES PRO SHOP, INC.	
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Principal Place of Business 3453 FOWLER STREET FT MYERS, FL 33901	Mailing Address 3453 FOWLER STREET FT MYERS, FL 33901
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2. Principal Place of Business 3451 FOWLER STREET Suite, Apt. #, etc.	3. Mailing Address 3451 FOWLER STREET Suite, Apt. #, etc.
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City & State FT MYERS, FL	City & State FT MYERS, FL	4. FEI Number 75-3065609	Applied For Not Applicable
Zip 33901	Country LEE	Zip 33901	Country LEE



02122005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent LARRANAGA, PHYLLIS 3453 FOWLER STREET FT MYERS, FL 33901	7. Name and Address of New Registered Agent -Name <u>PATRICIA A. MANDARO</u> Street Address (P.O. Box Number is Not Acceptable) <u>3451 FOWLER STREET</u> City <u>FT MYERS</u> FL Zip Code <u>33901</u>
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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: [Signature] PATRICIA A. MANDARO 2/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DA/E

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LARRANAGA, PHYLLIS 2161 ARUBA AVE FT MYERS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FRANK D. MANDARO 4215 6TH ST. WEST Lehigh News, FL 33971
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LARRANAGA, ERNEST L 2161 ARUBA AVE FT MYERS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PATRICIA A. MANDARO 4215 6TH ST. WEST Lehigh News, FL 33971
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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(9)(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 807, 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] PATRICIA A. MANDARO, V. PRES 2/12/05 (239) 936-1851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #