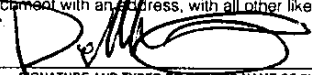


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90031 029 ***150.00

DOCUMENT # P02000069148 1. Entity Name WOOLEY'S BIKE LAND, INC.					
Principal Place of Business 1025 TAMiami TRAIL N. FT. MYERS, FL 33903			Mailing Address 1025 TAMiami TRAIL N. FT. MYERS, FL 33903		
2. Principal Place of Business - No P.O. Box # 4391 COLONIAL BLVD. #108		3. Mailing Address Suite, Apt. #, etc. City & State FT. MYERS FL Zip 33966 Country USA			
Suite, Apt. #, etc. City & State FT. MYERS FL Zip 33966 Country USA		Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 01-0720073 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				05152007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SOUTHWEST PROFESSIONAL SERVICES OF S. FL I 13571 MCGREGOR BLVD #22 FORT MYERS, FL 33903			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WILLIAMS, DAVID C 1025 TAMiami TRAIL N. FT. MYERS, FL 33903 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WILLIAMS DAVID C 4391 COLONIAL BLVD #108 FT. MYERS FL. 33966 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DAVID C. WILLIAMS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/31/07 239 939.0511 Date Daytime Phone #		

40130614

