## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P03000031458 MOXLEY CYCLE, INC. Principal Place of Business\_ Mailing Address 4182-7 C.R. 218 WEST 4182-7 C.R. 218 WEST MIDDLEBURG, FL 32068 US MIDDLEBURG, FL 32068 04222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-2010744 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOXLEY, LEWIS G DO NOT WRITE 5352 MUSCOVY ROAD MIDDLEBURG, FL 32068 IN THIS SPACE 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE MOXLEY, LEWIS G NAME 5352 MUSCOVY ROAD STREET ADDRESS CITY-ST-7IP MIDDLEBURG, FL 32068 U00000339187 TITLE 04/28/05-80067-007 150.00 FLAMINO, MARK D SR NAME 12 ROSE COURT STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 NAME MOXLEY, SHERRY L STREET ADDRESS 5352 MUSCOVY ROAD DO NOT WRITE CITY-ST-ZIP MIDDLEBURG, FL 32068 IN THIS SPACE TITLE MOXLEY, LEWIS G NAME 5352 MUSCOVY ROAD STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

April 26, 2005 904-291-0444