


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90106 050 ***150.00

DOCUMENT # P03000042847					
1. Entity Name CJ CYCLES, INC.					
Principal Place of Business 855 NW 126 DRIVE CORAL SPRINGS, FL 33071			Mailing Address 855 NW 126 DRIVE CORAL SPRINGS, FL 33071		
2. Principal Place of Business 4343 S. SR. 7 Suite, Apt. #, etc. Suite 104 City & State DAVIE FL Zip 33314 Country USA			3. Mailing Address 4343 S. SR. 7 Suite, Apt. #, etc. Suite 104 City & State DAVIE FL Zip 33314 Country USA		
4. FEI Number 10-1661450				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRISTENSEN, REID M 515 NW 108 AVE. CORAL SPRINGS, FL 33071			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	P.D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, REID M		NAME		
STREET ADDRESS	515 NW 108 AVE.		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	D.S	<input type="checkbox"/> Delete	TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHEAUME, JEFFREY W		NAME	Rheaume, Jeffrey W.	
STREET ADDRESS	855 NW 126 DRIVE		STREET ADDRESS	1939 NW 108 LANE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D.T	<input type="checkbox"/> Delete	TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSMANO, CAROL		NAME	CUSMANO/Rheaume, CAROL L.	
STREET ADDRESS	855 NW 126 DRIVE		STREET ADDRESS	1939 NW 108 LANE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jeffrey W Rheaume</u> Jeffrey W Rheaume <u>4/20/04</u> <u>254-257-7201</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					