## 2005 FOR PROFIT CORPORATION

## Apr 13, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P03000047185** 1. Entity Name FAST FRANKS CYCLE CONCEPTS INC. Mailing Address Principal Place of Business\_\_\_ 810 SOUTH 3RD STREET 4192 S W TUMBLE ST PORT ST LUCIE, FL 34953 FT PIERCE, FL 34950 CR2E034 (10/03) 03302005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1664361 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE BENSON, RICHARD A 4192 S W TUMBLE ST. PORT ST LUCIE, FL 34953 IN THIS SPACE 8. The above named enlity 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 egistered agent SIGNATURE (NOTE Registered Agent signature required when reinstating) lared agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BENSON, RICHARD NAME U00000301565 04/13/05-80039-002 150.00 STREET ADDRESS 4192 SW TUMBLE ST. CITY-ST-ZIP PORT SAINT LUCIE, FL 34953 IIIŒ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - \$T - 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**