2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90032 037 ***158.75

DOCUMENT # P03000077311

1. Entity Name
OUT OF CONTROL CUSTOM CYCLES INC.

Principal Place of Business	Mailing Address
4760SOUTH FEDERAL HWY. 1 ST. LUCIE, FL 34982	4760SOUTH FEDERAL HWY. 1 ST. LUCIE, FL 34982

2. Principal Place of Business	3. Mailing Address
4760 South US ONE	4760 South US. one
Suite, Apt. #, etc. FORT PIERCE	Suite, Apt. #, etc. FORT PIERCE
City & State FLA,	City & State FLA
Zip 34982 Country ST LUCIE	Zip 34982 Country ST LUCIE

05112005 Chg-P CR2E034 (10/03)

4. FEI Number 16-1682792 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOUDERMILK, TERI D 4760 SOUTH FEDERAL HWY 1 ST. LUCIE, FL 34982	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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 P/S/ NAME LOUDERMILK, TERI D STREET ADDRESS 15823 73RD STREET CITY-ST-ZIP LOXHATCHEE, FL 33470	☐ Delete	TITLE VP/S/T/D NAME Loudermilk, Teri STREET ADDRESS 2126 STARGRASS AVE CITY-ST-ZIP PORT ST LUCIE, FLA. 34953	☒ Change ☐ Addition
TITLE VP/T NAME LOUDERMILK, ALISON E STREET ADDRESS 15823 73RD STREET CITY-ST-ZIP LOXHATCHEE, FL 33470	☐ Delete	TITLE P/ NAME AL Loudermilk STREET ADDRESS 2126 STARGRASS AVE. CITY-ST-ZIP PORT ST LUCIE, FL 34953	☒ 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 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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #