

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084376

FILED  
Mar 15, 2006  
Secretary of State

Entity Name: ISLAND CYCLES OF KEY WEST, INC.

## Current Principal Place of Business:

5670 LAUREL AVE.  
#2  
KEY WEST, FL 33040 US

## New Principal Place of Business:

## Current Mailing Address:

5670 LAUREL AVE.  
#2  
KEY WEST, FL 33040 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRABLE, JAMES J  
1202 VON PHISTER STREET  
KEY WEST, FL 33404 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: KLAPIL, JIRI  
Address: P.O. BOX 6582  
City-St-Zip: KEY WEST, FL 33041 US

Title: P ( ) Delete  
Name: FRABLE, JAMES J  
Address: 1202 VON PHISTER STREET  
City-St-Zip: KEY WEST, FL 33040 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. FRABLE

P

03/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date