2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jul 18, 2005 8:00 am
Secretary of State

06-23-2005 90001 030 ***150.00
07-18-2005 90047 006 ***400.00

50055845

1st MOORE CR2E034 (10/04)

DOCUMENT # P03000140647

1. Entity Name
BIKES PLUS OF NORTHWEST FLORIDA, INC.

Principal Place of Business
3929 NAVY BLVD
PENSACOLA FL 32507

Mailing Address
3929 NAVY BLVD
PENSACOLA FL 32507

2. Principal Place of Business: 3682 BARRANCAS AVE
Suite, Apt. #, etc.
City & State: Pensacola, FL
Zip: 32507 Country: Escambia

3. Mailing Address: 2707 SUNRUNNER LN
Suite, Apt. #, etc.
City & State: Gulf Breeze FL
Zip: 32563 Country: Santa Rosa

4. FEI Number: 54-2133680 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MATTHEWS, EDSEL F JR.
308 S JEFFERSON ST
PENSACOLA FL 32502

7. Name and Address of New Registered Agent
Name: ERIC HOLLMAN
Street Address (P.O. Box Number is Not Acceptable): 2707 SUNRUNNER LN
City: GULF BREEZE FL Zip Code: 32563

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: Eric W. Hollman 5-1-05
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
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	HOLLMAN, ERIC W	
STREET ADDRESS	3929 NAVY BLVD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	☐ Delete
NAME	HOLLMAN, CARLA L	
STREET ADDRESS	3929 NAVY BLVD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Eric W. Hollman 5-1-05 455-4369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #