

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150059

Entity Name: MIKES BIKES INC.

FILED  
Mar 30, 2005  
Secretary of State

## Current Principal Place of Business:

2005 JAN LAN BLVD.  
ST.CLOUD, FL 34772 US

## New Principal Place of Business:

2909 CIALELLA PASS  
ST.CLOUD, FL 34772 US

## Current Mailing Address:

2005 JAN LAN BLVD.  
ST.CLOUD, FL 34772 US

## New Mailing Address:

2909 CIALELLA PASS.  
ST.CLOUD, FL 34772 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESGRO, MIKE R  
2005 JAN LAN BLVD.  
ST. CLOUD, FL 34772 US

## Name and Address of New Registered Agent:

ESGRO, MIKE R  
2909 CIALELLA PASS  
ST. CLOUD, FL 34772 US

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: MICHAEL R.ESGRO

03/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: ESGRO, MIKE  
Address: 2005 JAN LAN BLVD  
City-St-Zip: SAINT CLOUD, FL 34772

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: ESGRO, MIKE OWNER  
Address: CIALELLA PASS  
City-St-Zip: SAINT CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL R.ESGRO

O

03/30/2005

Electronic Signature of Signing Officer or Director

Date