


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90277 039 \*\*\*155.00

<b>DOCUMENT # P04000037920</b>	
1. Entity Name <b>BLACK CREEK CYCLES, INC.</b>	

Principal Place of Business <b>3249 BASS COURT GREEN COVE SPRINGS FL 32043 US</b>	Mailing Address <b>3249 BASS COURT GREEN COVE SPRINGS FL 32043 US</b>
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2. Principal Place of Business <b>4714 Copper Canyon Blvd</b>	3. Mailing Address <b>4714 Copper Canyon Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Valrico FL</b>	City & State <b>Valrico FL</b>
Zip <b>33594</b>	Country <b>US</b>



1st MOORE

CR2E034 (10/04)

4. FEI Number <b>20-0798191</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>CLEMONS, BRUCE G 3249 BASS COURT GREEN COVE SPRINGS FL 32043</b>		7. Name and Address of New Registered Agent Name <b>CLEMONS BRUCE G</b> Street Address (P.O. Box Number is Not Acceptable) <b>4714 Copper Canyon Blvd</b> City <b>Valrico</b> FL Zip Code <b>33594</b>

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CLEMONS, BRUCE G 3249 BASS COURT GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CLEMONS BRUCE G 4714 Copper Canyon Blvd Valrico FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CLEMONS, BRYAN K 1706 DEBBIE LANE ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CLEMONS BRYAN K 4714 Copper Canyon Blvd Valrico FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM CLEMONS KAREN S 4714 Copper Canyon Blvd Valrico FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: B. Clemons 4/11/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #