

2006 FOR PROFIT CORPORATION ANNUAL REPORT (ART)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-06-2006 90027 034 ***155.00

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1. Entity Name

BLACK CREEK CYCLES, INC.



Principal Place of Business

4714 COPPER CANYON BLVD
VALRICO FL 33594
US

Mailing Address

4714 COPPER CANYON BLVD
VALRICO FL 33594
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0798191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEMONS, BRUCE G
4714 COPPER CANYON BLVD
VALRICO FL 33594

7. Name and Address of New Registered Agent

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 not stated)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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 NAME ☐ Delete

DPS
NAME
CLEMONS, BRUCE G
STREET ADDRESS
4714 COPPER CANYON BLVD
CITY-STATE-ZIP
VALRICO FL 33594

TITLE NAME ☐ Delete

DPS
NAME
CLEMONS, BRYAN K
STREET ADDRESS
4714 COPPER CANYON BLVD
CITY-STATE-ZIP
VALRICO FL 33594

TITLE NAME ☐ Delete

SM
NAME
CLEMONS, KAREN S
STREET ADDRESS
4714 COPPER CANYON BLVD
CITY-STATE-ZIP
VALRICO FL 33594

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition

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CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Bruce G Clemons BRUCE G CLEMONS 4/16/06 8136531941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed