


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90005 010 \*\*\*150.00

**DOCUMENT # P04000066173**

1. Entity Name  
**TRIKES BY TONY POWERSPORTS, INC.**



Principal Place of Business  
**5164 S. FLORIDA AVENUE  
 INVERNESS, FL 34450**

Mailing Address  
**5164 S. FLORIDA AVENUE  
 INVERNESS, FL 34450**

2. Principal Place of Business  
**3238 S. Florida Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3238 S. Florida Ave**  
 Suite, Apt. #, etc.

City & State  
**Inverness FL**

City & State  
**Inverness FL**

Zip Country  
**34450 USA**

Zip Country  
**34450 USA**



01042005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1087245**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RON A. RHOADES, P.A.  
 2450 N. CITRUS HILLS BLVD.  
 HERNANDO, FL 34442**

7. Name and Address of New Registered Agent

Name  
**Anthony Sparacino**

Street Address (P.O. Box Number is Not Acceptable)  
**3238 S. Florida Ave**

City  
**Inverness FL**

Zip Code  
**34450**

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 *Anthony Sparacino* DATE **01-07-05**

Signature, typed or printed name of registered agent, etc. if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SPARACINO, ANTHONY G 8292 E. GULF-TO-LAKE HIGHWAY INVERNESS, FL 34450</b> <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	<b>S SPARACINO, PEGGY A 8292 E. GULF-TO-LAKE HIGHWAY INVERNESS, FL 34450</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 key empowered.

SIGNATURE: *Anthony Sparacino* DATE: **01-07-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR