



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90049 029 ***150.00

DOCUMENT # P04000076232 1. Entity Name CHROME IT CYCLES INC						
Principal Place of Business 10391 ST AUGUSTINE ROAD STE 6 JACKSONVILLE, FL 32257 US			Mailing Address 10391 ST AUGUSTINE ROAD STE 6 JACKSONVILLE, FL 32257 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 20-1105421		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DAVIS, JANET L 2600 KIRKWOOD COVE LANE JACKSONVILLE, FL 32223				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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P DAVIS, JANET L <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2600 KIRKWOOD COVE LANE JACKSONVILLE, FL 32223			NAME		
STREET ADDRESS						
CITY-ST-ZIP						
CITY-ST-ZIP	<input type="checkbox"/> Delete			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
CITY-ST-ZIP	<input type="checkbox"/> Delete			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME				NAME		
STREET ADDRESS						
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NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
CITY-ST-ZIP	<input type="checkbox"/> Delete			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 exemptions contained in Chapter 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: 				Date 1/29/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						