


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90331 038 ***150.00

DOCUMENT # P04000094711	
1. Entity Name CLERMONT CYCLE CENTER, INC.	

Principal Place of Business 2625 N NARCOOSSEE RD ST CLOUD, FL 34771 US	Mailing Address 2625 N NARCOOSSEE RD ST CLOUD, FL 34771 US
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40072287

2. Principal Place of Business 2881 N. John Young Pkwy	3. Mailing Address 2881 N. John Young Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04262006 Chg-P CR2E034 (11/05)

City & State Kissimmee FL	City & State Kissimmee FL
Zip 34741	Country US
City & State Kissimmee FL	City & State Kissimmee FL
Zip 34741	Country US

4. FEI Number 20-1272204	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCLELLAND, ROBERT B 2625 N NARCOOSSEE RD ST CLOUD, FL 34771	
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 Robert B. McClelland	DATE 4-26-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	DPST MCCLELLAND, ROBERT B 2625 N NARCOOSSEE RD ST CLOUD, FL 34771 <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
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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 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: Robert B. McClelland	DATE 4-26-06 DAYTIME PHONE # 407-847-6686