

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000094711

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** CLERMONT CYCLE CENTER, INC.

**Current Principal Place of Business:**

2881 NORTH JOHN YOUNG PKWY  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

2881 NORTH JOHN YOUNG PKWY  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

**FEI Number:** 20-1272204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCLELLAND, ROBERT B  
2625 N NARCOOSSEE RD  
ST CLOUD, FL 34771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: MCCLELLAND, ROBERT B  
Address: 2625 N NARCOOSSEE RD  
City-St-Zip: ST CLOUD, FL 34771 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT B MCCLELLAND

DPST

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date