

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115062

Entity Name: SW CYCLE OF LEE COUNTY, INC.

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

1020 NE PINE ISLAND RD.
301
CAPE CORAL, FL 33909 US

Current Mailing Address:

1020 NE PINE ISLAND RD.
301
CAPE CORAL, FL 33909 US

New Principal Place of Business:

1020 NE PINE ISLAND RD.
304-305
CAPE CORAL, FL 33909 US

New Mailing Address:

1020 NE PINE ISLAND RD.
304-305
CAPE CORAL, FL 33909 US

FEI Number: 20-1465363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECKIE, DAVID J
901 SW 10TH PLACE
CAPE CORAL, FL 33991 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LECKIE, DAVID J
Address: 901 SW 10TH PLACE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: S () Delete
Name: LECKIE, STEPHEN
Address: 5410 SW 24TH PLACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: T () Delete
Name: LECKIE, JOHN
Address: 5410 SW 24TH PLACE
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID J LECKIE

P

01/28/2005

Electronic Signature of Signing Officer or Director

Date