

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115062

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** SW CYCLE OF LEE COUNTY, INC.

**Current Principal Place of Business:**

620 N E 15TH AVE  
UNIT 1  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

620 N E 15TH AVE  
UNIT 1  
CAPE CORAL, FL 33909 US

**New Mailing Address:**

**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  
620 NE 15TH AVE  
UNIT 1  
CAPE CORAL, FL 33909 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  
Name: LECKIE, DAVID J  
Address: 901 SW 10TH PLACE  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: VP  
Name: LECKIE, STEPHEN  
Address: 5410 SW 24TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914 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: DAVID LECKIE

P

04/29/2010

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

\_\_\_\_\_ Date