

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120152

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: FLORIDA CYCLES AND ATVS INC.

**Current Principal Place of Business:**

17131 ALICO CENTER RD. #3  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

17131 ALICO CENTER RD. #3  
FORT MYERS, FL 33912 US

**New Mailing Address:**

FEI Number: 83-0404239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LITTLEJOHN, JEFF R  
7219 ALBANY RD  
FORT MYERS, FL 33912 US

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

LITTLEJOHN, JEFF R  
6498 ROYAL WOODS DR #4  
FORT MYERS, FL 33908 US

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: JEFF LITTLEJOHN      07/01/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LITTLEJOHN, JEFF R  
Address: 7219 ALBANY RD  
City-St-Zip: FORT MYERS, FL 33912 US

Title: VP ( ) Delete  
Name: POWELL, JOSHUA  
Address: 3636 12TH AVE. SE 34117  
City-St-Zip: NAPLES, FL 34117 US

Title: O ( ) Delete  
Name: MILSON, CHRISTY  
Address: 7219 ALBANY RD.  
City-St-Zip: FT. MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LITTLEJOHN, JEFF R  
Address: 6498 ROYAL WOODS DR. #4  
City-St-Zip: FORT MYERS, FL 33908 US

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: CHRISTY MILSON      O      07/01/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date