

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90094 026 \*\*\*158.75

**DOCUMENT # P06000006155**

1. Entity Name  
**T&S CYCLES, INC.**



Principal Place of Business  
**SHOPPES OF EAGLE HARBOR  
1560 BUSINESS CENTER DR., SUITE 4  
ORANGE PARK, FL 32003 US**

Mailing Address  
**SHOPPES OF EAGLE HARBOR  
1560 BUSINESS CENTER DR., SUITE 4  
ORANGE PARK, FL 32003 US**

40076401



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4142373

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNEIDER, THOMAS E  
5992 LAWSONIA LINKS DR. W.  
JACKSONVILLE, FL 32222**

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

*Thomas Schneider*

*[Signature]*

17 April 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
SCHNEIDER, THOMAS E  
5992 LAWSONIA LINKS DR. W.  
JACKSONVILLE, FL 32222** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
SCHNEIDER, SUSAN E  
5992 LAWSONIA LINKS DR. W.  
JACKSONVILLE, FL 32222** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP  
☐ Change ☐ 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:

*Thomas Schneider*

17 Apr 2007 904 541-1816

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Daytime Phone #