

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 23, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90081 041 \*\*\*150.00

<b>DOCUMENT # P06000085534</b> 1. Entity Name <b>ROCKER BOX CYCLES, INC.</b>					
Principal Place of Business <b>125 COMMERCE STREET LAKE PLACID, FL 33852</b>			Mailing Address <b>125 COMMERCE STREET LAKE PLACID, FL 33852</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>125 COMMERCE AVENUE</b>		Suite, Apt. #, etc. <b>125 COMMERCE AVENUE</b>			
City & State		City & State			
Zip		Country		4. FEI Number <b>43-2107915</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BATES, VICTOR 125 COMMERCE STREET LAKE PLACID, FL 33852</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>125 COMMERCE AVENUE</b> <i>change</i> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D BATES, VICTOR 125 COMMERCE STREET LAKE PLACID, FL 33852	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, LENORE 125 COMMERCE STREET LAKE PLACID, FL 33852	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Lenore Bates</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
1-17-07			863-699-9222		