

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90029 047 ***158.75

DOCUMENT # P07000009651					
1. Entity Name BLACK BEARD CYCLES, INCORPORATED					
Principal Place of Business 18864 BELLMORE AVE ORLANDO, FL 32820 US			Mailing Address 18864 BELLMORE AVE ORLANDO, FL 32820 US		
2. Principal Place of Business - No P.O. Box # 18664 BELLMORE AV Suite, Apt. #, etc.		3. Mailing Address 18664 BELLMORE AV Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 20-8335748	
Zip 32820		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMANO, RYAN J 18864 BELLMORE AVE ORLANDO, FL 32820			7. Name and Address of New Registered Agent Name: RYAN J. ROMANO Street Address (P.O. Box Number is Not Acceptable): 18664 BELLMORE AV City: ORLANDO FL Zip Code: 32820		
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: <u>Ryan J Romano</u> RYAN J ROMANO 3/31/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ROMANO, RYAN J STREET ADDRESS 18864 BELLMORE AVE CITY-ST-ZIP ORLANDO, FL 32820	<input type="checkbox"/> Delete		TITLE P NAME ROMANO, RYAN J. STREET ADDRESS 18664 BELLMORE AV CITY-ST-ZIP ORLANDO, FL 32820	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Ryan J Romano</u> RYAN J ROMANO 3/31/08 4075681658 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					