

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000049641

1. Entity Name
PALM BEACH BICYCLE TRAIL SHOP INC.



Principal Place of Business
223 SUNRISE AVE.
PALM BEACH, FL 33480

Mailing Address
223 SUNRISE AVE.
PALM BEACH, FL 33480



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0423119

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINN, MARK
223 SUNRISE AVE.
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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

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

U00000596824

01/24/07-80011-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINN, MARK 223 SUNRISE AVE PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUINN, JUDY 223 SUNRISE AVE PALM BEACH, FL 33480
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Mark Quinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

Date

Daytime Phone #