2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State
03-10-2005 90148 044 ***150.00

DOCUMENT # P94000002304

1. Entity Name
LEESBURG CYCLES, INC.

Principal Place of Business	Mailing Address
2408 W MAIN ST LEESBURG, FL 34748	2408 W MAIN ST LEESBURG, FL 34748

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
30907 MIDDLE LAKE DR	30907 MIDDLE LAKE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DADE CITY FL	City & State: DADE CITY FL
Zip: 33523 Country:	Zip: 33523 Country:

4. FEI Number: 59-3220778 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THORNTON, ROY S. 5137 PINELAKE ROAD WESLEY CHAPEL, FL 33543	Name: THORNTON, ROY S Street Address (P.O. Box Number is Not Acceptable): 30907 MIDDLE LAKE DRIVE City: DADE CITY FL Zip Code: 33523

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: Roy Thornton ROY THORNTON 3-7-05
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, 2005 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	DP THORNTON, ROY 5137 PINELAKE RD. WESLEY CHAPEL, FL 33544	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S MARIA THORNTON 30907 MIDDLE LAKE DR DADE CITY FL 33523	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROZAR, JIMMY D 1747 AUSTIN MERRITT ROAD GROVELAND, FL 34736	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Roy Thornton ROY THORNTON 3-7-05 352-588-1193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #