

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000015266

Entity Name: BIKE WORKS, INC.

**FILED**  
**Oct 02, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

6046 WINTHROP TOWN CENTRE AVE.  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

**Current Mailing Address:**

6046 WINTHROP TOWN CENTRE AVE.  
RIVERVIEW, FL 33578

**New Mailing Address:**

FEI Number: 59-3227183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POOLER, CHARLES A JR  
6046 WINTHROP TOWN CENTRE AVE.  
RIVERVIEW, FL 33578 US

**Name and Address of New Registered Agent:**

FORREST-MC GUIGAN, ALLYSA  
6046 WINTHROP TOWN CENTRE AVE.  
RIVERVIEW, FL 33578 US

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.

SIGNATURE: ALLYSA FORREST-MC GUIGAN

10/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: POOLER, CHARLES A JR  
Address: 6046 WINTHROP TOWN CENTRE AVE.  
City-St-Zip: RIVERVIEW, FL 33578

Title: DVP ( ) Delete  
Name: MCGUIGAN, BRIAN J  
Address: 6046 WINTHROP TOWN CENTRE AVE.  
City-St-Zip: RIVERVIEW, FL 33578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPTS (X) Change ( ) Addition  
Name: FORREST-MC GIUGAN, ALLYSA  
Address: 6046 WINTHROP TOWN CENTRE AVE.  
City-St-Zip: RIVERVIEW, FL 33578

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLYA FORREST MC GUIGAN

DPTS

10/02/2009

Electronic Signature of Signing Officer or Director

Date