

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000004637

Entity Name: TRI-COUNTY CYCLE, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

1007 SOUTH 14TH STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

1007 SOUTH 14TH STREET
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3301700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, JUDITH
30219 JOHNSONS PT. RD
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: KYLE, JUDITH
Address: 30219 JOHNSONS PT. RD
City-St-Zip: LEESBURG, FL 34478

Title: S () Delete
Name: JONES, SHANE
Address: 39029 EMERALDA ISLAND RD.
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDITH KYLE

DPT

04/18/2007

Electronic Signature of Signing Officer or Director

Date