

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P95000022625

1. Entity Name
BICYCLES UNLIMITED, INC.



Principal Place of Business
**14291 TAMiami TRAIL
NORTH PORT, FL 34287 US**

Mailing Address
**14291 TAMiami TRAIL
NORTH PORT, FL 34287 US**



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3302517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOW, WILLIAM S
3713 FERGUSON STREET
SARASOTA, FL 34233**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000543963
05/11/06-80016-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	BOW, WILLIAM S
STREET ADDRESS	3713 FERGUSON ST.
CITY-ST-ZIP	SARASOTA, FL 34233

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
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: *William S. Bow* William S. Bow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06 94-4238588

Date Daytime Phone #