

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000088997

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** BEACH CYCLIST SPORTS CENTER, INC.

**Current Principal Place of Business:**

7517 BLIND PASS  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

7517 BLIND PASS ROAD  
ST. PETE BEACH, FL 33706

**Current Mailing Address:**

7517 BLIND PASS  
ST. PETE BEACH, FL 33706

**New Mailing Address:**

7517 BLIND PASS ROAD  
ST. PETE BEACH, FL 33706

**FEI Number:** 15-3402913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STAMOS, LEONARD N  
2491 E. VINA DEL MAR BLVD.  
ST. PETE BEACH, FL 33706 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STAMOS, LEONARD N  
Address: 2491 E. VINA DEL MAR BLVD.  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D  
Name: STAMOS, LINDA H  
Address: 2491 E. VINA DEL MAR BLVD.  
City-St-Zip: ST. PETE BEACH, FL 33706

I hereby 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 all other like empowered.

SIGNATURE: LEONARD N. STAMOS

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date