

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000032277

1. Entity Name

THUNDER BAY CUSTOM CYCLES, INC.



Principal Place of Business

124 W. HILLSBOROUGH AVE
TAMPA, FL 33604 US

Mailing Address

124 W. HILLSBOROUGH AVE
TAMPA, FL 33604 US



02262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3476431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHILD, IRENE M
124 W. HILLSBOROUGH AVE
TAMPA, FL 33604

**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 reinstalling)

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

TITLE P
NAME RAY CASON, DALLAS
STREET ADDRESS 124 W. HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA, FL 33604

TITLE VTS
NAME CHILD, IRENE M
STREET ADDRESS 124 W. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA, FL 33604

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U000000253520
03/07/05-80038-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Dallas Ray Cason*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05
Date

8132326661
Daytime Phone #

DALLAS RAY CASON