

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90189 007 \*\*\*158.75

<b>DOCUMENT # P97000032277</b> 1. Entity Name <b>THUNDER BAY CUSTOM CYCLES, INC.</b>			
Principal Place of Business <b>124 W. HILLSBOROUGH AVE TAMPA, FL 33604 US</b>		Mailing Address <b>124 W. HILLSBOROUGH AVE TAMPA, FL 33604 US</b>	
2. Principal Place of Business <b>124 W. HILLSBOROUGH AVE. TAMPA, FL 33604 USA</b>		3. Mailing Address <b>124 W. HILLSBOROUGH AVE. TAMPA, FL 33604 USA</b>	
4. FEI Number <b>59-3476431</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHILD, IRENE M 124 W. HILLSBOROUGH AVE TAMPA, FL 33604</b>		7. Name and Address of New Registered Agent  <b>CASON, IRENE M. 124 W. HILLSBOROUGH AVE. TAMPA FL 33604</b>	
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: <u>Irene M. Cason</u> DATE: <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>P RAY CASON, DALLAS 124 W. HILLSBOROUGH AVENUE TAMPA, FL 33604</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>P CASON, DALLAS RAY 124 W. HILLSBOROUGH AVE. TAMPA, FL 33604</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>VT CHILD, IRENE M 124 W. HILLSBOROUGH AVE. TAMPA, FL 33604</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>VT CASON, IRENE M. 124 W. HILLSBOROUGH AVE. TAMPA, FL 33604</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Dallas Ray Cason</u> <b>DALLAS RAY CASON</b>		Date: <u>4/24/06</u> Daytime Phone #: <u>(813) 232-6661</u>	