

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90181 048 ***158.75

DOCUMENT # P97000032277

1. Entity Name
THUNDER BAY CUSTOM CYCLES, INC.



Principal Place of Business

~~124 N HILLSBOROUGH AVE~~
TAMPA, FL 33604 US

124 W. HILLSBOROUGH AVE.

Mailing Address

124 N HILLSBOROUGH AVE
TAMPA, FL 33604 US

124 W. HILLSBOROUGH AVE.

DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

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

CASON, 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

Irene M. Cason
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	CASON, DALLAS R
STREET ADDRESS	124 W HILLSBOROUGH AVE
CITY - ST - ZIP	TAMPA, FL 33604
TITLE	VTS
NAME	CHILD, IRENE M CASON, IRENE M.
STREET ADDRESS	124 W. HILLSBOROUGH AVE.
CITY - ST - ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

Dallas R. Cason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/07 1813/232-1111