

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/19

FILED
Sep 02, 2004 8:00 am
Secretary of State

08-19-2004 90055 022 ***158.75

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08092004 Chg-P CR2E034 (10/03)

DOCUMENT # P97000066826	
1. Entity Name CYCLE SCIENCE OF JUNO BEACH, INC.	

Principal Place of Business 13975 US HIGHWAY 1 JUNO BEACH, FL 33408	Mailing Address 13975 US HIGHWAY 1 JUNO BEACH, FL 33408
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2. Principal Place of Business	3. Mailing Address 13975 US Hwy 1
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 13
City & State	City & State Juno Beach, FL
Zip	Zip 33408
Country	Country

4. FEI Number 59-3461355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLNER, MICHAEL B 13975 US HIGHWAY 1 JUNO BEACH, FL 33408

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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: DATE: **8/19/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLNER, MICHAEL B 13975 US HIGHWAY 1 JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: **8/30/04** 561/627-2453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR