## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 24, 2005 08:00 AM Secretary of State DOCUMENT # P98000001954 TAMPA BICYCYLING TEAM, INC. Principal Place of Business Mailing Address 3917 EDEN ROC CIR E. P 0 BOX 26876 TAMPA, FL 33623 **TAMPA, FL 33623** No Cha-P CR2E034 (10/03) 02202005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3496609 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TO Strong Strong Strong KAST, ELLEN DO NOT WRITE 3917 EDEN ROC CIRCLE EAST TAMPA, FL 33634 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 file if applicable (NOTE, Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SHOOK, WILLIAM B NAME STREET ADDRESS 3917 EDEN ROC CIRCLE EAST 100000241450 TAMPA, FL 33634 CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP <del>tarifolis</del> p<del>artina a propin</del> ការាទ NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 attackment with an address, with all other like empowered. O HAVE OF SHONING OFFICER OR DIRECTOR SIGNATURE: BY: William To 813842 1024

**FILED** 

WILLIAM B. SHOOK, DIRECTOR