

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90217 050 ***150.00

DOCUMENT # P98000020407

1. Entity Name

DEEP SOUTH CYCLES, INC.



Principal Place of Business

4827 CHEROKEE ROSE DRIVE
ORLANDO FL 32808

Mailing Address

4827 CHEROKEE ROSE DRIVE
ORLANDO FL 32808

20042951



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2180 W. Fairbanks Ave
Suite, Apt. #, etc.
Winter Park

3. Mailing Address

4827 Cherokee Rose Dr
Suite, Apt. #, etc.
Orlando FL

City & State

Winter Park FL

City & State

Orlando FL

4. FEI Number

59-3498637

Applied For

Not Applicable

Zip

32789

Country

Orange

Zip

32808

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POOLE, WILLIAM F IV
200 E. ROBINSON ST., SUITE 1180
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME WADE, CHARLES E
STREET ADDRESS 4827 CHEROKEE ROSE DRIVE
CITY-ST-ZIP ORLANDO FL 32808

TITLE DVS ☐ Delete
NAME WADE, MELISSA K
STREET ADDRESS 4827 CHEROKEE ROSE DRIVE
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

Melissa Wade Melissa Wade

4/18/05 407-831-1946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #