2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9900000515

1. Entity Name
MID-FLORIDA CYCLE, INC.



Principal Place of Business

4001 DIXIE HIGHWAY U.S. #1 PALM BAY, FL 32905 Mailing Address

4001 DIXIE HIGHWAY U.S. #1 PALM BAY, FL 32905 FILED
Feb 04, 2004 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 59-3550012 Not Applicable

6. Name and Address of Current Registered Agent

FRESE, GARY B 930 S. HARBOR CITY BLVD. STE. 505 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	surpose of changing its registe	ered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_				0.77
<u> </u>	Signature, typed or printed name of registered agent and title i	d applicable. (NOTE: Regale	red Agent aignature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	and a life, and the appropriate and a	Supplementary and the second supplementary and the second
NAME STREET ADDRESS CITY-ST ZIP	D MITCHELL, S D 4001 DIXIE HIGHWAY U.S. #1 PALM BAY, FL 32905			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, SHARLEEN S 4001 DIXIE HIGHWAY U.S. #1 PALM BAY, FL 32905	· · · · · · · · · · · · · · · · · · ·		000000032521 02/05/04-80005-021 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		l		
TITLE NAME		•		

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.

CICNIATUDE.

STREET ADDRESS CITY ST-ZIP

1-31-04 321-952-0932