


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90003 033 \*\*\*150.00

<b>DOCUMENT # P99000000515</b>	
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
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2. Principal Place of Business - No P.O. Box # <b>445 STAN DR</b>	3. Mailing Address <b>445 STAN DR</b>
Suite, Apt. #, etc. <b>UNIT #2</b>	Suite, Apt. #, etc. <b>UNIT #2</b>
City & State <b>MALBOURNE, FL</b>	City & State <b>MALBOURNE, FL</b>
Zip <b>32904</b>	Country <b>FLORIDA</b>

40025518



02222007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  FRESE, GARY B 930 S. HARBOR CITY BLVD. STE. 505 MELBOURNE, FL 32901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, S D 4001 DIXIE HIGHWAY U.S. #1 PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MITCHELL, S. D. 445 STAN DR UNIT #2 MELBOURNE, FL 32904 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, SHARLEEN S 4001 DIXIE HIGHWAY U.S. #1 PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MITCHELL, SHARLEEN S. 445 STAN DR UNIT #2 MELBOURNE, FL 32904 <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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-07