


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90074 037 ***150.00

J4007403

DOCUMENT # P99000026745	
1. Entity Name FLAT-LAND MOUNTAIN BIKES, INC.	

Principal Place of Business 8802 ROCKY CREEK DR, NO. 101 TAMPA, FL 33615	Mailing Address 8802 ROCKY CREEK DR, NO. 101 TAMPA, FL 33615
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	



01182004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3565158

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
PEQUIGNOT, MARGOT 164 8TH AVE SW LARGO, FL 33770	

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

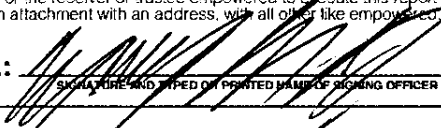
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, MICHAEL K	NAME	
STREET ADDRESS	830 WOOD ST	STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, WALTER R	NAME	
STREET ADDRESS	1420 MORROW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, MARY LOU	NAME	
STREET ADDRESS	1420 MORROW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, BETH ANNE	NAME	
STREET ADDRESS	830 WOOD ST	STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **Michael K. Ward**
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

1-27-04 **813-901-9000**
Date Daytime Phone #