## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000026745

Address:

City-St-Zip:

830 WOOD ST

DUNEDIN, FL 34698

Entity Name: FLAT-LAND MOUNTAIN BIKES, INC.

FILED Jan 22, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8802 ROCKY CREEK DR, NO. 101 TAMPA, FL 33615 **Current Mailing Address: New Mailing Address:** 1420 MORROW DRIVE 1420 MORROW DRIVE CLEARWATER, FL 33956 CLEARWATER, FL 33756 FEI Number: 59-3565158 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEQUIGNOT, MARGOT 164 8TH AVE SW LARGO, FL 33770 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition

WARD, MICHAEL K Name: Name: 830 WOOD ST Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: VD (X) Delete Title: () Change () Addition Name: MURRAY, WALTER R Name: 1420 MORROW DRIVE Address: Address: CLEARWATER, FL 33756 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition SD ( ) Delete STD MURRAY, MARY LOU MURRAY, MARY LOU Name: Name: 1420 MORROW DRIVE 1420 MORROW DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756 Title: () Delete Title: VD (X) Change ( ) Addition WARD, BETH ANNE WARD, BETH ANNE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

830 WOOD ST

DUNEDIN, FL 34698

SIGNATURE: MARY LOU MURRAY STD 01/22/2005