

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000099219

1. Entity Name

EUROCYCLECTOR, INC.



Principal Place of Business

**3850 ESSEX STREET
TITUSVILLE FL 32796**

Mailing Address

**3850 ESSEX STREET
TITUSVILLE FL 32796**

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3616663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARDWELL, SAM BAXTER
503 PALM AVE
TITUSVILLE FL 32796**

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PTSD
BRONSON, WILLIAM M
3850 ESSEX STREET
TITUSVILLE FL 32796** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Delete

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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
**1100000021320
04/21/05-80073-005 150.00**

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

William M Bronson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-05 321-265-9244