

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90551 036 ***150.00

DOCUMENT # F97000001582 1. Entity Name TRAVIS BOATING CENTER FLORIDA, INC.					
Principal Place of Business 12116 JEKEL CIRCLE #102 AUSTIN, TX 78727			Mailing Address 12116 JEKEL CIRCLE #102 AUSTIN, TX 78727		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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: _____ DATE: _____ 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. ☐		\$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	DCP WALTON, MARK T 5000 PLAZA ON THE LAKE, STE.250 AUSTIN, TX 78746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12116 Jekel Circle, #102 Austin, TX 78727	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PERRINE, MICHAEL B 5000 PLAZA ON THE LAKE, STE. 250 AUSTIN, TX 78746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12116 Jekel Circle #102 Austin, TX 78727	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPADLING, RONNIE 5000 PLAZA ON THE LAKE, STE. 250 AUSTIN, TX 78746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
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 another like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-15-04 Daytime Phone #: 512.347.8787		