2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90775 014 ***150.00

DOCUMENT # P01000015105

1. Entity Name
SKY WALKER PERFORMANCE JET SKI INC.

Principal Place of Business
2400 BAY SHORE BLVD
DUNEDIN, FL 34698

Mailing Address
500 NEW YORK AVE
UNIT 12
TARPON SPRINGS, FL 34689

2. Principal Place of Business
413 MISSISSIPPI AVE
Suite, Apt. #, etc.
City & State: PALM HARBOR FL
Zip: 34683 Country: USA

3. Mailing Address
413 MISSISSIPPI AVE
Suite, Apt. #, etc.
City & State: PALM HARBOR, FL
Zip: 34683 Country: USA

03282004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3703179 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CHAFFIN, LUCAS
2400 BAYSHORE BLVD
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 413 MISSISSIPPI AVE
City: PALM HARBOR FL Zip Code: 34683

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 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 3/28/04

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

TITLE	D	☐ Delete
NAME	CHAFFIN, LUCAS	
STREET ADDRESS	500 NEW YORK AVE #12	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	D	☒ Delete
NAME	CAMPBLE, COLEEN	
STREET ADDRESS	109 PHILLIPS WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	413 MISSISSIPPI AVE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/28/04 Daytime Phone # (727) 434-9042