


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000105459

1. Entity Name
 RECREATIONAL COMPOSITES, INC.



Principal Place of Business Mailing Address
 4132 ALEXANDER AVE. 4132 ALEXANDER AVE.
 GULF BREEZE FL 32563 GULF BREEZE FL 32563



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

BAUMAN, JEAN M
4132 ALEXANDER AVE
GULF BREEZE FL 32563

4. FE Number Applied For
59-3483344 Not Applicable

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

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 *Jean M. Bauman* **JEAN M. BAUMAN** DATE **1-31-2008**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D	<input type="checkbox"/> Delete
NAME	BAUMAN, JAMES H	
STREET ADDRESS	4132 ALEXANDER AVE	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUMAN, JEAN M	
STREET ADDRESS	4132 ALEXANDER AVE	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000823880
 02/20/08-80055-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowerers.

SIGNATURE: *Jean M. Bauman* **JEAN M. BAUMAN** DATE **1-31-2008** DAYTIME PHONE # **850-934-1275**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #