

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000031649

FILED
Apr 30, 2009
Secretary of State

Entity Name: TIDALWAVE BOAT LIFTS MFG., INC.

Current Principal Place of Business:

1206 SE 9TH LANE
B
CAPE CORAL, FL 33990

Current Mailing Address:

1206 SE 9TH LANE
B
CAPE CORAL, FL 33990

New Principal Place of Business:

2920 RUNWAY ST.
BLDG 3 UNIT B
N FT MYERS, FL 33917

New Mailing Address:

5303 SW 2ND PLACE
CAPE CORAL, FL 33914 US

FEI Number: 65-0797823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHONDOULA, EDMONDS N
1206 B SE 9TH LANE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

ARCHONDOULA, EDMONDS N
2920 RUNWAY ST.
BLDG 3 UNIT B
N FT MYERS, FL 33917 US

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: ARCHONDOULA N EDMONDS

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: EDMONDS, ARCHONDOULA N
Address: 1206 B SE 9TH LANE
City-St-Zip: CAPE CORAL, FL 33990

Title: VD () Delete
Name: EDMONDS, DOUGLAS C
Address: 1206 B SE 9TH LANE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: EDMONDS, ARCHONDOULA N
Address: 2920 RUNWAY ST., BLDG. 3 UNIT B
City-St-Zip: N FT MYERS, FL 33917

Title: VD (X) Change () Addition
Name: EDMONDS, DOUGLAS C
Address: 2920 RUNWAY ST., BLDG 3 UNIT B
City-St-Zip: N FT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: ARCHONDOULA N EDMONDS

PSDT

04/30/2009

Electronic Signature of Signing Officer or Director

Date