

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000000979

**Entity Name:** WAVESPIN REELS, INC.

**Current Principal Place of Business:**

5910 PINE HILL RD UNIT 8  
PORT RICHEY, FL 34668

**Current Mailing Address:**

5910 PINE HILL RD UNIT 8  
PORT RICHEY, FL 34668

**FEI Number: 27-4839919**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 33311-4132 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PCEO  
Name RILEY, RUSSELL  
Address 127 12 MILE ROAD  
City-State-Zip: REMUS MI 49430

Title CFO  
Name MANNING, SANDRA  
Address 5910 PINE HILL ROAD # 8  
City-State-Zip: PORT RICHEY FL 34668

Title D  
Name HOLLOWAY, WALTER  
Address 3773 N INDIAN RIVER DRIVE  
City-State-Zip: COCOA FL 32804

Title D  
Name GROOM, JOHN R  
Address 5151 WHITE ROAD  
City-State-Zip: BROOKSVILLE FL 34602

Title D  
Name MCGAHEE, JOHN  
Address 10206 JAVELIN ROAD  
City-State-Zip: BROOKSVILLE FL 34601

Title D  
Name MANNING, SANDRA  
Address 5910 PINE HILL ROAD # 8  
City-State-Zip: PORT RICHEY FL 34668

*I hereby 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 all other like empowered.*

**SIGNATURE: SANDRA MANNING**

**CFO**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date