

2015 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

Title COB
Name WERKING, RALEIGH
Address 5910 PINE HILL RD UNIT 8
City-State-Zip: PORT RICHEY FL 34668

Title COB
Name WERKING, RALEIGH
Address 5910 PINE HILL RD UNIT 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

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date