

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 550051

1. Entity Name
RAPIDS WATER PARK, INC.



Principal Place of Business
6566 N. MILITARY TRAIL
W. PALM BCH, FL 33407

Mailing Address
6566 N. MILITARY TRAIL
W. PALM BCH, FL 33407



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1776898

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUMBRA, THOMAS G JR
6566 N MILITARY TRAIL
W PALM BEACH, FL 33407

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LUMBRA, THOMAS G
STREET ADDRESS 1220 BIMINI LANE
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE V
NAME MEGRATH, BRYAN
STREET ADDRESS 6566 N MILITARY TRAIL
CITY-ST-ZIP W PALM BCH, FL

TITLE S
NAME MCCALLUM, JUDITH
STREET ADDRESS 3682 VICTORIA DR
CITY-ST-ZIP W PALM BCH, FL

TITLE V
NAME LUMBRA, KATHLEEN
STREET ADDRESS 1220 BIMINI LANE
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000309458
04/16/05-80039-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G. Lumbr, Jr.

4/14/05

Date

561-848-6272

Daytime Phone #