

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 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**

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

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, 2008 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	

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05/20/08-80089-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Judith McCallum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith McCallum
Secretary

4/24/08
Date

561-848-6272
Daytime Phone #