


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 631258	
1. Entity Name PLAYGROUND SAILS, INC.	

Principal Place of Business 32 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548	Mailing Address 32 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548
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02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2010238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TUCKER, JAMES M.
32 MIRACLE STRIP PARKWAY
FORT WALTON BEACH, FL 32548**

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000048012 02/12/04 08:00:00 013-150-00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, JAMES M. 32 MIRACLE STRIP PKWY FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, LORRAINE K. 32 MIRACLE STRIP PKWY FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, ALICE MARY 32 MIRACLE STRIP PKWY FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary Alice Tucker* **2/10/04 (850) 243-2628**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #