## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 631258** 

City-St-Zip:

FT. WALTON BEACH, FL

Entity Name: PLAYGROUND SAILS, INC.

FILED Mar 20, 2009 Secretary of State

Current I	Principal Plac	e of Business:	New Principal	New Principal Place of Business:	
32 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548				32 MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FL 32548	
Current I	Mailing Addre	ss:	New Mailing A	New Mailing Address:	
32 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548				32 MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FL 32548	
FEI Numbe	r: 59-2010238	FEI Number Applied For ( )	FEI Number Not Applicabl	e ( ) Certificate of Status Desired (X)	
Name an	d Address of	Current Registered Agent:	Name and Add	Name and Address of New Registered Agent:	
32 MIRAC	, JAMES M. CLE STRIP PAI ALTON BEACH				
	e named entity te of Florida.	submits this statement for th	ne purpose of changing its re	gistered office or registered agent, or both,	
SIGNATU	JRE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Ca	ampaign Financir	ng Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	PD ( TUCKER, JAM 32 MIRACLES	*		(X) Change ( ) Addition CKER, JAMES M., MIRACLE STRIP PKWY SW	

City-St-Zip: FT. WALTON BEACH, FL City-St-Zip: FT. WALTON BEACH, FL () Delete Title: () Change () Addition TUCKER, LORRAINE K., Name: Name: Address: 32 MIRACLE STRIP PKWY Address: FT. WALTON BEACH, FL City-St-Zip: City-St-Zip: Title: Title: () Change () Addition ( ) Delete Name: TUCKER, ALICE MARY Name: 32 MIRACLE STRIP PKWY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAMES M TUCKER PRES 03/20/2009