## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#756240** 

FILED Jul 11, 2005 Secretary of State

Entity Name: KISSIMMEE-BOAT-A-CADE, INC.

Current P	Principal Place	e of Business:	New Principal Place of Business:
	FOWLER DR. A, FL 32725	US	
Current M	lailing Addre	ss:	New Mailing Address:
PO BOX 5 ORLANDO	560217 O, FL 32817	US	PO BOX 560217 ORLANDO, FL 32856 US
In accordan			did not receive the prior notice.
Name and	a Address of (	Current Registered Agen	t: Name and Address of New Registered Agent:
	CHERYL DWLER DRIVE A, FL 32725	US	
	e named entity e of Florida.	submits this statement for	the purpose of changing its registered office or registered agent, or bot
SIGNATU	RE:		
	Electro	nic Signature of Registere	d Agent Date
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	VP ( GRAY, DAVID 1540 HOBSON LONGWOOD,		Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	PSD ( LAPIDO, KARE 2553 OAK HOI KISSIMMEE, F	LLOW DR.	Title: PSD (X) Change ( ) Addition Name: LAPIDO, KAREN Address: 6410 ADAM ST City-St-Zip: ST CLOUD, FL 34744
Title: Name: Address: City-St-Zip:	P ( BECKER, CHE 1170 W. FOW DELTONA, FL	LER DR.	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( DRURY, JOHN 1050-16 LOCH APOPKA, FL:	VAIL DR.	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD ( ROUSSEAU, F 1017 GUY RO ORLANDO, FL	AD	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:	D ( RAMSEY, SAN	) Delete	Title: ( ) Change ( ) Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL BECKER P 07/11/2005