

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756240

FILED
Jul 18, 2007
Secretary of State

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

Current Principal Place of Business:

1170 W. FOWLER DR.
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 560217
ORLANDO, FL 32856 US

New Mailing Address:

FEI Number: 59-1234084 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ZINSMEISTER, THOMAS
509 W LAKE SUMMIT DRIVE
WINTER HAVEN, FL 33884 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GRAY, DAVID
Address: 1540 HOBSON STREET
City-St-Zip: LONGWOOD, FL 32750

Title: PSD () Delete
Name: LAPIDO, KAREN
Address: 6410 ADAM ST
City-St-Zip: ST CLOUD, FL 34744

Title: PSD () Delete
Name: BAVARRO, CAROLEE
Address: 581 S. BINION ROAD
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: RAMSEY, SANDY
Address: 757 S. ORANGE AVE #405
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: LAPIDO, GERALD
Address: 6410 ADAM ST
City-St-Zip: ST CLOUD, FL 34771

Title: T () Delete
Name: BECKER, CHERYL
Address: 1170 E FOWLER DR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BAVARRO, NICK
Address: 581 S. BINION ROAD
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change () Addition
Name: GRAY, PAM
Address: 540 HOBSON STREET
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL BECKER

TREA

07/18/2007

Electronic Signature of Signing Officer or Director

Date