2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State
03-19-2008 90018 044 ****61.25

DOCUMENT # 756240

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

Principal Place of Business	Mailing Address
1170 W. FOWLER DR. DELTONA, FL 32725 US	PO BOX 560217 ORLANDO, FL 32856 US

02182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
509 W. Lake Summit Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State
Zip: 33884 Country: USA	Zip Country

4. FEI Number: 59-1234084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZINSMEISTER, THOMAS 509 W LAKE SUMMIT DRIVE WINTER HAVEN, FL 33884	Name: Pam Zinsmeister Street Address (P.O. Box Number is Not Acceptable): 509 W. Lake Summit Dr. City: Winter Haven, FL Zip Code: 33884

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: Pam Zinsmeister Pam Zinsmeister, Treasurer 2/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRAY, DAVID 1540 HOBSON STREET LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD LAPIDO, KAREN 6410 ADAM ST ST CLOUD, FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD BAVARRO, CAROLEE 581 S. BINION ROAD APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAVARRO, NICK 581 S. BINION ROAD APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAY, PAM 540 HOBSON STREET LONGWOOD, FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Zinsmeister 509 W. Lake Summit Dr. Winter Haven, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BECKER, CHERYL 1170 E FOWLER DR DELTONA, FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ron Moffitt 815 S. Osceola Ave. Orlando, FL 32801	☐ Change ☒ Addition

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 617, 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: Carole Bavaro 2-21-08 863-318-8945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #