

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90109 018 ***150.00

DOCUMENT # F04000000604

1. Entity Name

WATERPROOF GEAR, INC.



Principal Place of Business

**5447 TROPIC DRIVE
NEW PORT RICHEY FL 34653**

Mailing Address

**5447 TROPIC DRIVE
NEW PORT RICHEY FL 34653**

2. Principal Place of Business

**140 Oscar Hill Rd.
Suite, Apt. #, etc.
Unit 13**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Tarpon Springs, FL
Zip 34689 Country Pinellas**

City & State

Zip

Country

4. FEI Number **20-0469273**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**JENSEN, PAUL C
5625 CENTRAL AVE.
ST. PETERSBURG FL 33710**

*Note: change of
address only -
same agent*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2001 16th Street North

City

St. Petersburg

FL

Zip Code

33704

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **FALKEBORN, CHRISTER**
STREET ADDRESS **INDUSTRIALVAGEN 37, 433 61**
CITY-ST-ZIP **PARTILLE, SWEDEN**

TITLE **S** ☒ Delete
NAME **THORELLI, THOMAS H**
STREET ADDRESS **70 WEST MADISON STREET, SUITE 5750**
CITY-ST-ZIP **CHICAGO IL 60602**

TITLE **VP** ☐ Delete
NAME **Michael R. Hage**
STREET ADDRESS **5447 Tropic Drive**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #