


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000002464 1. Entity Name WATERSKIPROS, INC.	
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Principal Place of Business 1119 HALSELL STREET BRIDGEPORT, TX 76426	Mailing Address PO BOX 685 BRIDGEPORT, TX 76426
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0320275	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAPPLE, ANDY
9242 CYPRESS COVE DRIVE
ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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 not applicable.

(NOTE: Registered Agent signature required when refiling)

DATE

3-14-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MAPPLE, ANDY
STREET ADDRESS	9242 CYPRESS COVE DRIVE
CITY - ST - ZIP	ORLANDO, FL 32819

TITLE	VCD
NAME	TRUELOVE, KAREN
STREET ADDRESS	9054 SEIDEL ROAD
CITY - ST - ZIP	WINTER GARDEN, FL 34787

TITLE	D
NAME	LLEWELLYN, JARET
STREET ADDRESS	5566 LAGO DEL SOL DRIVE
CITY - ST - ZIP	LAKE WORTH, FL 33467

TITLE	D
NAME	MOSTI, MARINA
STREET ADDRESS	4105 IONE COURT
CITY - ST - ZIP	AUBURNDALE, FL 33823

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000287331
04/04/05-80062-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3-14-05

Date

Daytime Phone #