


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90108 002 ***550.00

DOCUMENT # F04000004926	
1. Entity Name COWABUNGA ENTERPRISES, INC.	

Principal Place of Business 14303 GATEWAY PLACE POWAY, CA 92064	Mailing Address 14303 GATEWAY PLACE POWAY, CA 92064
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2. Principal Place of Business 610 Gateway Drive	3. Mailing Address 610 Gateway Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Tax Department Y-15
City & State North Sioux City, SD	City & State North Sioux City, SD 57049
Zip 57049	Country USA



07152005 Chg-P CR2E034 (10/03)

4. FEI Number 91-1863286		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City FL Zip Code

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.

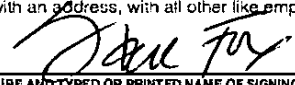
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAUHOFFER, SCOTT 14303 GATEWAY PLACE POWAY, CA 92064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP/CFO Roderick M Sherwood III 7565 Irvine Center Drive Irvine, CA 92618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HEIM, STEPHANIE G 14303 GATEWAY PLACE POWAY, CA 92064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JAMAL, HANIF 14303 GATEWAY PLACE POWAY, CA 92064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	7565 Irvine Center Drive Irvine, CA 92618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AUGUSTIN, JEFFREY G 14303 GATEWAY PLACE POWAY, CA 92064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Treasurer Steven A. Fox 610 Gateway Drive North Sioux City, SD 57049 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Secretary Robert M. Saman 7565 Irvine Center Drive Irvine, CA 92618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **Steven A. Fox Asst. Treasurer 7/15/05 605/202/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X26706**