

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # J12234

1. Entity Name
WATER SPORTS MANAGEMENT, INC.



Principal Place of Business
**13245 LAKE BRYAN DRIVE
P O BOX 22304
ORLANDO, FL 32821 US**

Mailing Address
**PO BOX 22304
LAKE BUENA VISTA, FL 32830 US**



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2685064

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENJAMIN, DAVID C.
13245 LAKE BRYAN DRIVE
ORLANDO, FL 32821**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENJAMIN, DAVID C.
STREET ADDRESS	1644 LAKE RHEA DR
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	VP
NAME	BENJAMIN, ANDREA
STREET ADDRESS	1644 LAKE RHEA DR
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000819540
02/15/08-80086-024 158.75

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

Andrea Benjamin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/8 *407 239-6939*
Date Daytime Phone #