## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J14175 05 JUN 28 AM 10: 28 1. Entity Name SUNSET WATERSPORTS, INC. Principal Place of Business Mailing Address P.O. BOX 2185 P.O. BOX 2185 KEY WEST, FL 33045-2185 KEY WEST, FL 33045-2185 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05232005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2701497 Not Applicable Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLS, PAUL S., C.P.A. Street Address (P.O. Box Number is Not Acceptable) 6200 2ND ST KEY WEST, FL 33040 Cltv Zlp 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$550.00 Due by September 7, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE ☐ Change ☐ Addition WELTER, RICHARD C. NAME NAME 10 DIAMOND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP TITLE Delete IIILE ☐ Change ■ Addition NAME NALEF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ME ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Change ■ Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or twistee 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 attaching-graph an address, with all other like empowered. Manature and types on privated name of signing officer on direction SIGNATURE: A 6-17-2005 *305-294-1500* 

06-21-2005 90003 038 \*\*\*158.75

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