


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # J26517 1. Entity Name TIKI WATER SPORTS, INC.	
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Principal Place of Business U.S. HWY. #1, MM 94 1/2 P.O. BOX 2708 KEY LARGO, FL 33037-4708	Mailing Address U.S. HWY. #1, MM 94 1/2 P.O. BOX 2708 KEY LARGO, FL 33037-4708
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02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2697412	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHULTZ, STEVEN A. 150 S.E. 2ND AVE. MIAMI, FL 33131

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	CDP CHESTER, ROBERT A. 3070 MATILDA ST. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELO, DANIEL 132 GALLEON RD ISLAMORADO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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: Robert A. Chester Robert A. Chester 2/1/05 305-852-4218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #