


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K18605</b> 1. Entity Name JET SKI ORLANDO, INC.	
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Principal Place of Business 6801 SOUTH ORANGE AVE ORLANDO, FL 32809 US	Mailing Address 6801 SOUTH ORANGE AVE ORLANDO, FL 32809 US
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2883102	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**5. Name and Address of Current Registered Agent**

SIMMONS, KEVIN W  
6801 SOUTH ORANGE AVE  
ORLANDO, FL 32809

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SIMMONS, BETTY N 8611 CURRY FORD ROAD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMMONS, KEVIN 10042 NONA STREET ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, THERESA J 10042 NONA ST ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000001887  
01/12/04-80029-011 150.00

**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: Betty N. Simmons **BETTY N. SIMMONS** 1-8-04 4078593006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #