


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # K18605	
1. Entity Name JET SKI ORLANDO, INC.	

Principal Place of Business 6801 SOUTH ORANGE AVE ORLANDO, FL 32809 US	Mailing Address 6801 SOUTH ORANGE AVE ORLANDO, FL 32809 US
--	--



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2883102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. 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, 2006 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	PS SIMMONS, BETTY N 8611 CURRY FORD ROAD ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMMONS, KEVIN W 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000528019
05/05/06-80018-022 150.00

**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 all other like empowered.

SIGNATURE: Betty N Simmons Betty N Simmons 4-18-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres Date Daytime Phone #