## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 06, 2006 8:00 am Secretary of State DOCUMENT #K76297 01-06-2006 90001 014 \*\*\*150.00 1. Entity Name WAVE-JET RENTALS, INC. Principal Place of Business Mailing Address 15201 FRONT BEACH ROAD 60000157 15201 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413 PANAMA CITY BEACH, FL 32413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2939705 Not Applicable Zip Country Zip 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 Michael BENNETT, MICHAEL R 5001 N. LAGOON DRIVE PANAMA CITY BEACH, FL 32408 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. Lam 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE President TITLE ☐ Delete Michael R. Bennett ☐ Addition BENNETT, MICHAEL R. NAME NAME 15238 Front Beach Rd Panama City beach f STREET ADDRESS 5001 N. LAGOON DRIVE STREET ADDRESS CITY-St-Zir CHY-SI-ZP PANAMA CITY BEACH, FL 32408 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZE TITLE ☐ Delete TITLE ☐ Change ■ Addition HAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MANZE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS 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 to the Exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 exporered to exactle 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 with an addisso with all other like empowered.

FILED