
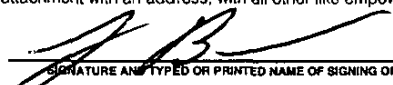


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90010 030 ***150.00

| | | | | | |
|---|-----------------------------------|---|--|---|--|
| DOCUMENT # K87894 1. Entity Name PREMIUM PARASAIL BOATS, INC. | | | |  | |
| Principal Place of Business 928 NE 24 LANE, UNIT 4 CAPE CORAL, FL 33909 | | | Mailing Address C/O BOWMAN & BOWMAN, CPA 1705 COLONIAL BLVD FORT MYERS, FL 33907 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BOWMAN&BOWMAN CPA 1705 COLONIAL BLVD CAPE CORAL, FL 33909 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VANDERLAAN, GREGORY C. | | NAME | | |
| STREET ADDRESS | 1665 AINAKA ROAD | | STREET ADDRESS | | |
| CITY - ST - ZIP | LAHAINA, HI 96761 | | CITY - ST - ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VANDERLAAN, RICHARD S. | | NAME | | |
| STREET ADDRESS | 928 NE 24 LANE | | STREET ADDRESS | | |
| CITY - ST - ZIP | CAPE CORAL, FL 33909 | | CITY - ST - ZIP | | |
| TITLE | S <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BOWMAN, LARRY | | NAME | | |
| STREET ADDRESS | 1705 COLONIAL BLVD | | STREET ADDRESS | | |
| CITY - ST - ZIP | NORTH FORT MYERS, FL 33917 | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  | | | Date: 8/15/05 Daytime Phone #: 237-892301 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

50062871



08122005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0131765** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

ATTACHMENT

50062871
K87894



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0192676 01 AV 0.176 **AUTO T4 2 1203 33907-119599



PREMIUM PARASAIL BOATS, INC.
C/O BOWMAN & BOWMAN, CPA
1705 COLONIAL BLVD
FORT MYERS FL 33907-1195

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # K87894

PREMIUM PARASAIL BOATS, INC.
C/O BOWMAN & BOWMAN, CPA
1705 COLONIAL BLVD
FORT MYERS FL 33907-1195



CR2E095-2nd 03/05



ATTACHMENT

SD 062871

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 12, 2005

PREMIUM PARASAIL BOATS, INC.
C/O LARRY BOWMAN
1705 COLONIAL BLVD STE D-1
FORT MYERS, FL 33907

SUBJECT: PREMIUM PARASAIL BOATS, INC.
Ref. Number: K87894

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 505A00051720