2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M94363

1. Entity Name
CANOE COUNTRY RENTALS, INC.

Principal Place of Business	Mailing Address
6493 54TH AVENUE, NORTH ST. PETERSBURG, FL 33709 US	6493 54TH AVENUE, NORTH ST. PETERSBURG, FL 33709 US

DO NOT WRITE IN THIS SPACE

02192005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2906435	Not Applicable

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

6. Name and Address of Current Registered Agent

LONG, JOSEPH H
669 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701

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	PD
NAME	SIEBEL, MICHAEL J.
STREET ADDRESS	6493 54TH AVE. N.
CITY-ST-ZIP	ST. PETERSBURG, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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03/07/05-80063-018 150.00

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)(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: _____   3/1/05   727-527-8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   MICHAEL SIEBEL   Date   Daytime Phone #