

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000252

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** HOME OF THE SILVER KING TARPONS, INC.

**Current Principal Place of Business:**

29221 CLARK DR.  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MICHAEL P. HAYMANS  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 26-1159096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAYMANS, MICHAEL P  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MACK, HAROLD JR  
Address: 29221 CLARK DR.  
City-St-Zip: PUNTA GORDA, FL 33982

Title: DS ( ) Delete  
Name: DEGAETA, PAUL V  
Address: 2936 PEACE RIVER DR.  
City-St-Zip: PUNTA GORDA, FL 33983

Title: DV ( ) Delete  
Name: CHRISTENSEN, MARK D  
Address: 25576 AYSER DR.  
City-St-Zip: PUNTA GORDA, FL 33983

Title: DV ( ) Delete  
Name: WINESSETT, JAMES N  
Address: 27650 JONES LOOP RD.  
City-St-Zip: PUNTA GORDA, FL 33982

Title: DT ( ) Delete  
Name: HAYMANS, MICHAEL P  
Address: 715 W. MARION AVE.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: DV ( ) Delete  
Name: FLOWERS, MIKE  
Address: 430 W. GRACE ST.  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. HAYMANS

DT

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date