

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003222

FILED
Feb 12, 2006
Secretary of State

Entity Name: SPACE COAST JET RIDERS, INC.

Current Principal Place of Business:

6485 S. US HWY. 1
CHOWDERS SEAFOOD GRILL
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

4045 POWELL RD
WEST MELBOURNE, FL 32904 US

New Mailing Address:

3829 ST. ARMENS CIR.
MELBOURNE, FL 32934 US

FEI Number: 02-0542556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGANO, ALBERT S
551 S APOLLO BLVD, SUITE 103
MELBOURNE, FL 32901 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: VD () Delete
Name: CHARSHAFIAN, RICK
Address: 893 RALIEGH RD
City-St-Zip: PALM BAY, FL 32909

Title: TD () Delete
Name: ZIEGLER, PATTY
Address: 4045 POWELL RD
City-St-Zip: W MELBOURNE, FL 32904

Title: SD () Delete
Name: WILSON, TOM
Address: 2320 SHADY OAKS RD
City-St-Zip: PORT ST. JOHN, FL 32927

Title: PD () Delete
Name: REARDON, FARIEDA
Address: 2515 RAINTREE LAKE CIR.
City-St-Zip: MERRIT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WILANSKY, JOHN
Address: 1026 ASHLEY AVE.
City-St-Zip: INDIAN HARBOUR BCH., FL 32937

Title: TD (X) Change () Addition
Name: KEREKES, JOHN
Address: 3829 ST. ARMENS CIR.
City-St-Zip: MELBOURNE, FL 32934

Title: SD (X) Change () Addition
Name: WILSON, TOM
Address: 6745 HUNDRED ACRE DR.
City-St-Zip: PORT ST. JOHN, FL 32927

Title: PD (X) Change () Addition
Name: SMITH, CURT
Address: 78 S. IRWIN AVE.
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN KEREKES

TD

02/12/2006

Electronic Signature of Signing Officer or Director

Date