

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003222

FILED  
Mar 16, 2007  
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:

3829 ST. ARMENS CIR.  
MELBOURNE, FL 32934 US

## New Mailing Address:

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: WILANSKY, JOHN  
Address: 1026 ASHLEY AVE.  
City-St-Zip: INDIAN HARBOUR BCH., FL 32937

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

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

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

## 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:

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

03/16/2007

Electronic Signature of Signing Officer or Director

Date