

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004177

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: THE LAST WAVE, INC.

## Current Principal Place of Business:

5100 ADANSON ST.  
ORLANDO, FL 32804

## New Principal Place of Business:

2036 36TH STREET  
ORLANDO, FL 32839

## Current Mailing Address:

2036 36TH STREET  
ORLANDO, FL 32839

## New Mailing Address:

FEI Number: 04-3700415      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

G&L AGENT SERVICES, INC.  
390 N. ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801 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: DIR ( ) Delete  
Name: MORGAN, DIANNA DIR.  
Address: 8284 TIBET BUTLER DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: DIR ( ) Delete  
Name: WATSON, TED DIR.  
Address: 1563 VICTORIA WAY  
City-St-Zip: WINTER GARDEN, FL 34787

Title: DIR ( ) Delete  
Name: LEE, SHERRI DIR.  
Address: 423 S. KELLER ROAD  
City-St-Zip: ORLANDO, FL 32810

Title: PRES ( ) Delete  
Name: TROLLINGER, SARA PRES.  
Address: 2036 36TH ST,  
City-St-Zip: ORLANDO, FL 32809

Title: DIR ( ) Delete  
Name: CARTER, DARYL DIR.  
Address: 908 S. DELANEY AVE.  
City-St-Zip: ORLANDO, FL 32806

Title: DIR ( ) Delete  
Name: DOUGLASS, JUDY DIR.  
Address: 10636 SPRING BUCK  
City-St-Zip: ORLANDO, FL 32825

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR (X) Change ( ) Addition  
Name: SCHRIMSHER, J. STEPHEN DIR.  
Address: 3340 CARLA STREET  
City-St-Zip: ORLANDO, FL 32806

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 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 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: SARA E. TROLLINGER

PRES

01/07/2005

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

\_\_\_\_\_  
Date