

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003218

FILED
Aug 24, 2005
Secretary of State

Entity Name: IN HIS WAKES, INC.

Current Principal Place of Business:

200 SE 33RD WAY
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

200 SE 33RD WAY
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 06-1693902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, KRISTI
200 SE 33RD WAY
KEYSTONE HEIGHTS, FL 32656 US

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: D () Delete
Name: JOHNSON, KRISTI
Address: 200 SE 33RD WAY
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: MAPPLE, ANDY
Address: 9242 CYPRESS COVE DRIVE
City-St-Zip: ORLADNO, FL 32819

Title: D () Delete
Name: KELLY, DEBBIE
Address: 7090 ROLLING ACRES ROAD
City-St-Zip: VICTORIA, MN 55331

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:

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: KRISTI JOHNSON

D

08/24/2005

Electronic Signature of Signing Officer or Director

Date