

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90219 049 ****70.00

DOCUMENT # N03000006563 1. Entity Name PROJECT PADDLE ODYSSEY, INCORPORATED					
Principal Place of Business 3019 8 ST N ST PETERSBURG, FL 33704-2010			Mailing Address 3019 8 ST N ST PETERSBURG, FL 33704-2010		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 56-2383100				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFSTADER, SUSAN 3019 8 ST N ST PETERSBURG, FL 33704-2010			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFSTADER, CHRISTIAN D 3019 8 ST N ST PETERSBURG, FL 337042010 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'CAMPO, ERNIE 1500 POINSETTIA AVE TARLTON SPRINGS FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENTER, TED 8335 37 AVE N ST PETERSBURG, FL 33710 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWINGTON, JAY 920 W ORIENT ST TAMPA FL 33610 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, WILLIAM PH.D UNIVERSITY OF FLA. P.O. BOX 100164 GAINESVILLE, FL 326100164 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVO, MIKE 4901 ALA VISTA DR ORLANDO FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'CAMPO, ERNIE %FREEDOM SCIENTIFIC, 11600 31ST CT N SAINT PETERSBURG, FL 33716 <input checked="" type="checkbox"/> Change		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, RICK 3224 W SR 46 #102 SANFORD FL 32771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HOFSTADER, SUSAN 3019 8TH ST N SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, JIM 40 AAPD, 1629 K ST NW 5503 WASHINGTON DC 20006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JIM 92 GREENWOOD AVE WINTHROP ME 04364 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Susan Hofstader</u>			<u>4/18/2005</u> <u>727-896-6393</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		