

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000911

FILED
Jan 10, 2006
Secretary of State

Entity Name: RE-CREATION TAPPERS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1083 COLLIER BLVD #228
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

1083 COLLIER BLVD #228
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 20-0714796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VOGELSANG, PAUL E
1083 N. COLLIER BLVD.
#228
MARCO ISLAND, FL 34145 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: DP () Delete
Name: VOGELSANG, PATRICIA M
Address: 1083 COLLIER BLVD #228
City-St-Zip: MARCO ISLAND, FL 34145

Title: DVS () Delete
Name: VOGELSANG, PAUL E
Address: 1083 COLLIER BLVD #228
City-St-Zip: MARCO ISLAND, FL 34145

Title: DT () Delete
Name: JOHNSON, MICHAEL O
Address: 1083 COLLIER BLVD #228
City-St-Zip: MARCO ISLAND, FL 34145

Title: DV () Delete
Name: BRINKMAN-SUSTACHE, AMY
Address: 1083 COLLIER BLVD #228
City-St-Zip: MARCO ISLAND, FL 34145

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: PAUL E. VOGELSANG

DVS

01/10/2006

Electronic Signature of Signing Officer or Director

Date