

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-07-2006 90042 015 ****61.25

DOCUMENT # N05000004099 1. Entity Name MOSQUITO LAGOON PADDLERS, INC.			
Principal Place of Business 636 YUPON AVE. NEW SMYRNA BEACH, FL 32169		Mailing Address 636 YUPON AVE. NEW SMYRNA BEACH, FL 32169	
2. Principal Place of Business 6990 BISMARCK Rd Suite, Apt. #, etc.		3. Mailing Address 6990 BISMARCK Rd Suite, Apt. #, etc.	
City & State Cocoa FL Zip 32927		City & State Cocoa FL Zip 32927	
4. FEI Number NONE		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEELEY, JENNY 636 YUPON AVE. NEW SMYRNA BEACH, FL 32169		7. Name and Address of New Registered Agent Name KEN KNAPTON Street Address (P.O. Box Number is Not Acceptable) 6990 BISMARCK Rd City Cocoa FL Zip Code 32927	
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: <u><i>[Signature]</i></u> 8-4-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE			
Filing Fee is \$81.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$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 P NAME CUTLER, ROGER STREET ADDRESS 342 CASA GRANDE CITY-ST-ZIP EDGEWATER, FL 32141	☒ Delete	TITLE PRESIDENT ☐ Change ☒ Addition NAME KEN KNAPTON STREET ADDRESS 6990 BISMARCK Rd CITY-ST-ZIP Cocoa FL 32927	
TITLE V NAME KEELEY, JENNY STREET ADDRESS 636 YUPON AVE. CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	☒ Delete	TITLE VICE PRESIDENT ☐ Change ☒ Addition NAME ANN E. ARNOID STREET ADDRESS 1709 QUEEN PALM DR CITY-ST-ZIP EDGEWATER, FL 32132	
TITLE V NAME MAGRO, PETER STREET ADDRESS 300 ORANGE ST. CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	☒ Delete	TITLE VICE PRESIDENT ☐ Change ☒ Addition NAME BARRY L. MAY STREET ADDRESS 2809 UNITY TREE DR CITY-ST-ZIP EDGEWATER, FL 32141	
TITLE T NAME ARNOLD, ANN STREET ADDRESS 1709 QUEEN PALM DR. CITY-ST-ZIP EDGEWATER, FL 32132	☒ Delete	TITLE SECRETARY / TREASURER ☐ Change ☒ Addition NAME RUTH E. DEWKETT STREET ADDRESS 6723 YOSEMITE DR CITY-ST-ZIP PORT ORANGE, FL 32127	
TITLE S NAME DARLINGTON, PATTY STREET ADDRESS 100 WHITE HERON DR. CITY-ST-ZIP DAYTONA BEACH, FL 32119	☒ Delete	TITLE ☐ Change ☐ Addition NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE ☐ Delete NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY-ST-ZIP ☐ Change ☐ Addition		TITLE ☐ Change ☐ Addition NAME ☐ Change ☐ Addition STREET ADDRESS ☐ Change ☐ Addition CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8-4-06 Date Daytime Phone #	