

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90209 023 ****61.25

DOCUMENT # N93000002739

1. Entity Name
TAMPA BAY WATER SKI SHOW TEAM, INC.



Principal Place of Business
**1223 LA BRAD LANE
TAMPA, FL 33613 US**

Mailing Address
**1223 LA BRAD LANE
TAMPA, FL 33613 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3200923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILMOUTH, VICKIE
1223 LA BRAD LANE
TAMPA, FL 33613**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
SACONE, STEVE
4696 DEVONSHIRE BLVD
PALM HARBOR, FL 34685** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NEUBERGER, MARK
4112 SAN PEDRO
TAMPA, FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
WILMOUTH, VICKIE
1223 LA BRAD LANE
TAMPA, FL 33613** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
STOUT, GARRY
19100 FORREST DR
ODESSA, FL 33556** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SCHMIDT, LISA
7530-124TH STREET
SEMINOLE, FL 34642** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DEL GATTO, NANCY
3206 TARA GROVE WAY
TAMPA, FL 33618** ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Vickie Wilmouth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06 813-265-9685
Date Daytime Phone #

*Vickie Wilmouth, Secretary/
Registered Agent*