
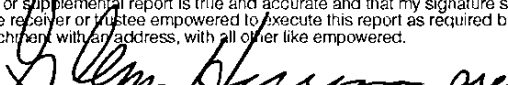


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90035 036 \*\*\*\*61.25

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # N94000000872</b><br>1. Entity Name<br><b>GULF COAST SKIMMERS WATER SKI SHOW, INC.</b>   |  |   |   |    |  |
| Principal Place of Business<br>4290 AVALON DRIVE - LAKE AVALON<br>SUGDEN REGIONAL PARK<br>EAST NAPLES, FL 34112 US  |  |   |   | Mailing Address<br>4290 AVALON DRIVE - LAKE AVALON<br>SUGDEN REGIONAL PARK<br>NAPLES, FL 34112 US   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |  |   |   | 3. Mailing Address<br><b>5630 YAHU STREET</b><br>Suite, Apt. #, etc.<br><b>SUITE #5</b><br>City & State<br><b>NAPLES FLORIDA</b><br>Zip Country<br><b>34109 Collier</b>   |  |
| 4. FEI Number<br><b>65-0372444</b>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HERRIMAN, GLENN</b><br><b>2881 64TH STREET SOUTH WEST</b><br><b>NAPLES, FL 34112</b>  |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| Make check payable to<br><b>Florida Department of State</b>   |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>HERRIMAN, GLENN<br>2881 64TH STREET SOUTH WEST<br>NAPLES, FL 34112 | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>GURSOY, JOHN V<br>4002 CINDY AVE.<br>NAPLES, FL 34112             | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>JOHNSON, NEIDA<br>1510 LOGAN COURT<br>NAPLES, FL 34119             | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>BRANDON, MAGNAN<br>5077 TAMARIND RIDGE DRIVE<br>NAPLES, FL 34119   | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   |   |   |  |
| 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. |  |   |   |   |  |
| <b>SIGNATURE:</b>    |  |   |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |   |   |  |
| JAN 24, 2005 239-597-8910<br><small>Date Daytime Phone #</small>  |  |   |   |   |  |

50007959



01212005 Chg-NP CR2E037 (10/03)