


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P00000000786</b>                          |  |
| <b>1. Entity Name</b><br>BONITA JETSKI & PARASAIL, INC. |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>27220 TUSSEY RD.<br>BONITA SPRINGS, FL 34135 | <b>Mailing Address</b><br>845 LAKE LAND AVE.<br>NAPLES, FL 34110 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-P CR2E034 (11/05)

|  |   |
|--|---|
| <b>4. FEI Number</b><br>59-3614490   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

**6. Name and Address of Current Registered Agent**

HANSON, WILLIAM  
845 LAKE LAND AVE.  
NAPLES, FL 34110

**DO NOT WRITE IN THIS SPACE**

**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 William Hanson President 1-7-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$350.00</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

**10. OFFICERS AND DIRECTORS**

|                       |                    |
|-----------------------|--------------------|
| <b>TITLE</b>          | P                  |
| <b>NAME</b>           | HANSON, WILLIAM    |
| <b>STREET ADDRESS</b> | 845 LAKE LAND AVE. |
| <b>CITY-ST-ZIP</b>    | NAPLES, FL 34110   |
| <b>TITLE</b>          | VP                 |
| <b>NAME</b>           | HANSON, WILLIAM    |
| <b>STREET ADDRESS</b> | 845 LAKE LAND AVE. |
| <b>CITY-ST-ZIP</b>    | NAPLES, FL 34110   |
| <b>TITLE</b>          | S                  |
| <b>NAME</b>           | HANSON, WILLIAM    |
| <b>STREET ADDRESS</b> | 845 LAKE LAND AVE. |
| <b>CITY-ST-ZIP</b>    | NAPLES, FL 34135   |
| <b>TITLE</b>          | T                  |
| <b>NAME</b>           | HANSON, WILLIAM    |
| <b>STREET ADDRESS</b> | 845 LAKE LAND      |
| <b>CITY-ST-ZIP</b>    | NAPLES, FL 34110   |
| <b>TITLE</b>          |                    |
| <b>NAME</b>           |                    |
| <b>STREET ADDRESS</b> |                    |
| <b>CITY-ST-ZIP</b>    |                    |
| <b>TITLE</b>          |                    |
| <b>NAME</b>           |                    |
| <b>STREET ADDRESS</b> |                    |
| <b>CITY-ST-ZIP</b>    |                    |

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01/09/08-80004-017 150.00

**DO NOT WRITE IN THIS SPACE**

**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 807, 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: William Hanson President 1-7-08 239-825-7559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #