

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000091198

1. Entity Name
BACKWATER MARINE RENTALS, INC.



Principal Place of Business
**248 N CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**248 N CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

DO NOT WRITE IN THIS SPACE

02032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3673004

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, JAY
244 N. COURSE WAY
NEW SMYRNA BEACH, FL 32169**

**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

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

(NOTE: Registered Agent signature required when retesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHAAF, FRANK C
STREET ADDRESS 248 N CAUSWAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE VD
NAME SCHAAF, LUZ
STREET ADDRESS 248 N CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE S
NAME WILSON, JAY
STREET ADDRESS 248 N CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE T
NAME LARSON, SUSAN
STREET ADDRESS 248 N CAUSWAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000144159
04/30/04-80120-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:

JAY WILSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

386-427-4514

Daytime Phone #