

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90006 049 ***150.00

DOCUMENT # P00000107820

1. Entity Name

DELRAY WATER SPORTS RENTALS, INC.



Principal Place of Business

401 SOUTH OCEAN BLVD
DELRAY BEACH, FL 33483

Mailing Address

303 GLEASON STREET UNIT 1
DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1058684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARONSON, CAROLE
WEINER & ARONSON, P.A.
102 NORTH SWINTON AVENUE
DELRAY BEACH, FL 33444

**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 reinstating)

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 PD
NAME LAWSON, CHARLES A
STREET ADDRESS 303 GLEASON STREET UNIT 1
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VD
NAME RICHWAGEN, BERTHA
STREET ADDRESS 251 NE 17TH ST
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE TD
NAME RICHWAGEN, ALBERT
STREET ADDRESS 251 NE 17TH ST
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE SD
NAME LAWSON, JAMES A
STREET ADDRESS 414 SEASAGE DRIVE #8
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James A. Lawson

1/8/04

954-288-9119