

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90050 035 ***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**

40044716



02152005 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**

DO NOT WRITE IN THIS SPACE

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, 2005 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

**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)(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

JAMES A LAWSON

Date

3/31/05 561-2748262

Daytime Phone #