

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026363

FILED
Apr 29, 2004
Secretary of State

Entity Name: HIGH TIMES WATERSPORTS, INC.

Current Principal Place of Business:

509 N TAMiami TRAIL
A
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

3209 NE COUNTY RD 1469
HAWTHORNE, FL 32640

New Mailing Address:

FEI Number: 04-3615311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS, LAWRENCE E
3209 NE COUNTY RD 1469
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: FRANCIS, LAWRENCE E
Address: 3209 NE COUNTRY RD 1469
City-St-Zip: HAWTHORNE, FL 32640

Title: P () Delete
Name: JONES, CALVIN R
Address: 5370 BAYOU ST JOHN AVE
City-St-Zip: ORANGE BEACH, AL 36561

Title: V () Delete
Name: CAREY, CHRIS A
Address: 114 RAPHAEL PL
City-St-Zip: NOKOMIS, FL 34275

Title: ST () Delete
Name: JONES, TAMMY L
Address: 5370 BAYOU ST JOHN AVE
City-St-Zip: ORANGE BEACH, AL 36561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CAREY, CHRIS A
Address: 5370 BAYOU ST JOHN AVE
City-St-Zip: ORANGE BEACH, AL 36561

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY L. JONES

ST

04/29/2004

Electronic Signature of Signing Officer or Director

Date