

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000043423

1. Entity Name
RECREATION USA INC MS



Principal Place of Business Mailing Address
4504 LOG LAKE RD **4504 LOG LAKE RD**
HOLT FL 32564 **HOLT FL 32564**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE

CR2E034 (10/05)

4. FEI Number **59-3664425** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIBLETT, RICHARD C
4505 LOG LAKE RD
HOLT FL 32564

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

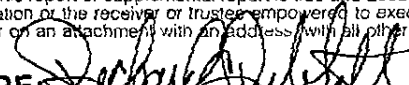
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	RIBLETT, RICHARD C			NAME			
STREET ADDRESS	4504 LOG LAKE RD			STREET ADDRESS			
CITY-ST-ZIP	HOLT FL 32564			CITY-ST-ZIP			
TITLE	ST	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	RIBLETT, JUDITH A			NAME			
STREET ADDRESS	4504 LOG LAKE RD			STREET ADDRESS			
CITY-ST-ZIP	HOLT FL 32564			CITY-ST-ZIP			
TITLE	V	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	NICKERSON, ROBERT JR.			NAME			
STREET ADDRESS	4504 LOG LAKE RD			STREET ADDRESS			
CITY-ST-ZIP	HOLT FL 32564			CITY-ST-ZIP			
TITLE	S	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	NICKERSON, SUSAN L			NAME			
STREET ADDRESS	4504 LOG LAKE RD			STREET ADDRESS			
CITY-ST-ZIP	HOLT FL 32564			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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  4/10/06 850 537 9641