

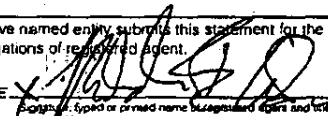
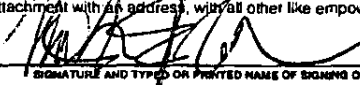


FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 91030 014 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000073110		
1. Entity Name ATLANTIC WATERSPORTS, INC.		
Principal Place of Business 3109 E ATLANTIC BLVD POMPAÑO BEACH, FL 33062		Mailing Address 8926 W MITCHELL STREET WEST ALLIS, WI 53214
DO NOT WRITE IN THIS SPACE		
		
04122004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-1132923		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent AMELUNK, MICHAEL 830 SE 22ND AVE #4 POMPAÑO BEACH, FL 33062		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:  (NOTE: Registered Agent signature required when re-registering) DATE: 4/24/04		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD: AMELUNK, MICHAEL 8926 W MITCHELL STREET MILWAUKEE, WI 53214	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  5/25/04 414 350 8226 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone		