

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101801

FILED
Apr 03, 2007
Secretary of State

Entity Name: HYDRO-THUNDER OF KEY WEST, INC.

Current Principal Place of Business:

P. O. BOX 1621
BIG PINE KEY, FL 33043

New Principal Place of Business:

4099 EGRET LANE
BIG TORCH KEY, FL 33042

Current Mailing Address:

P. O. BOX 1621
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 52-2356034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THALACKER, JIMMY
4099 EGRET LANE
BIG PINE KEY, FL 33042 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: P () Delete
Name: THALACKER, JIM
Address: P O BOX 1621
City-St-Zip: BIG PINE KEY, FL 33043

Title: VP (X) Delete
Name: THALACKER, GRETCHEN
Address: 1708 JAMAICA DR
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change () Addition
Name: THALACKER, JIMMY
Address: P O BOX 1621
City-St-Zip: BIG PINE KEY, FL 33043

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 Chapter 119, 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: JIMMY THALACKER

PDTS

04/03/2007

Electronic Signature of Signing Officer or Director

Date