


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90248 036 \*\*\*150.00

DOCUMENT # P02000015514 1. Entity Name AQUA ESCAPE WATERSPORTS INC.	
---	---

Principal Place of Business 5326 21 <sup>ST</sup> AVE N SAINT PETERSBURG, FL 33710	Mailing Address 5326 21 <sup>ST</sup> AVE N SAINT PETERSBURG, FL 33710
--	--

**54030615**



DO NOT WRITE IN THIS SPACE

01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1557802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent

MOORE, TONYA  
5326 21<sup>ST</sup> AVE N  
SAINT PETERSBURG, FL 33710

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMORY, JOE A 5326 21 ST AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, TONYA G 5326 21 ST AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Tonya G Moore      4-3-04      (727)639-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #