



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90075 050 ***150.00

DOCUMENT # P02000107774			
1. Entity Name WAVEMAKER LOGISTICS, INC.			
Principal Place of Business 4104 SW 1ST PL CAPE CORAL FL 33914		Mailing Address 4104 SW 1ST PL CAPE CORAL FL 33914	
2. Principal Place of Business 22 SW 19th St Suite, Apt. #, etc.		3. Mailing Address 22 SW 19th St Suite, Apt. #, etc.	
City & State Cape Coral, FL Zip 33991 Country Lee		City & State Cape Coral, FL Zip 33991 Country Lee	
6. Name and Address of Current Registered Agent BURNS, KEITH 4104 SW 1ST PL CAPE CORAL FL 33914		7. Name and Address of New Registered Agent Name Burns, Keith Street Address (P.O. Box Number is Not Acceptable) 22 SW 19th St City Cape Coral FL Zip Code 33914	
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 4-11-05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPDT BURNS, KEITH 126 SW 20TH STREET CAPE CORAL FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARCO, DONALD 1122 SE 18TH ST CAPE CORAL FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05 239-707-4628

Date

Daytime Phone #