

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000012896

1. Entity Name
RECREATION CENTERS, INC.



Principal Place of Business

**448 EAGLE RIDGE DRIVE
LAKE WALES, FL 33859**

Mailing Address

**PO BOX 3496
LAKE WALES, FL 33859-3496**



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2094501	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HEDDON, WILL
302 CENTRAL AVE
LAKE WALES, FL 33853**

**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

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, 2008 Fee will be \$550.00**

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

U000000908632
05/06/08-80038-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEDDON, WILL
STREET ADDRESS	302 CENTRAL AVE
CITY- ST- ZIP	LAKE WALES, FL 33853

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 exemptions contained 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 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

WILL HEDDON

4/17/08 863-678-9386 ex 21