

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90251 046 ***150.00

DOCUMENT # P03000067406

1. Entity Name
GRASSY KEY WATER SPORTS RENTALS, INC.



Principal Place of Business

3250 MARY STREET #501
MIAMI, FL 33133

Mailing Address

3250 MARY STREET #501
MIAMI, FL 33133

2. Principal Place of Business

59073 OVERSEAS HIGHWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33050

Country

USA

Zip

MIAMI, FL

03232004

Chg-P

CR2E034 (10/03)

4. FEI Number

41-2100233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, DAREN A
3250 MARY STREET #501
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, DAREN A	
STREET ADDRESS	3250 MARY STREET #501	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, DANA J	
STREET ADDRESS	3250 MARY STREET #501	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DONALD	
STREET ADDRESS	220 PLANTATION BOULEVARD	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMS, SHELLIE	
STREET ADDRESS	3250 MARY STREET #501	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #