

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 SEP 23 PM 6:22

DOCUMENT # P03000085778

1. Entity Name  
S-GO JUMP-N-SLIDE, INC.



Principal Place of Business  
5775 LAKE LIZZIE DRIVE  
ST. CLOUD, FL 34771

Mailing Address  
5775 LAKE LIZZIE DRIVE  
ST. CLOUD, FL 34771



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08102005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
16-1681006

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLACHEK, DEBORAH  
5775 LAKE LIZZIE DRIVE  
ST. CLOUD, FL 34771

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

3080 Vest Rd  
City St Cloud FL Zip Code 34772

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]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

08-15-05

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME POLACHEK, DEBORAH  
STREET ADDRESS 5775 LAKE LIZZIE DRIVE  
CITY-ST-ZIP ST. CLOUD, FL 34771 ☒ Delete

TITLE President  
NAME Gary Yeager  
STREET ADDRESS 3080 Vest Rd  
CITY-ST-ZIP St Cloud, FL 34772 ☒ Change ☒ Addition

TITLE VP  
NAME POLACHEK, STEPHEN  
STREET ADDRESS 5775 LAKE LIZZIE DRIVE  
CITY-ST-ZIP ST. CLOUD, FL 34771 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500059874535  
09/23/05--01006--007 \*\*\$61.25 ☐ Change ☐ Addition

TITLE VP  
NAME POLACHEK, JONATHAN  
STREET ADDRESS 5775 LAKE LIZZIE DRIVE  
CITY-ST-ZIP ST. CLOUD, FL 34771 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-15-05

407-892-7797

Date Daytime Phone #

B. Mitchell SEP 23