

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-09-2004 90009 050 ***150.00

DOCUMENT # P03000101435 1. Entity Name PHIL HANNON JET SKI REPAIR, INCORPORATED																																					
Principal Place of Business 6340 49TH STREET NORTH PINELLAS PARK, FL 33781			Mailing Address 6340 49TH STREET NORTH PINELLAS PARK, FL 33781																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																		
City & State			City & State																																		
Zip		Country		Zip																																	
Country		Country		02142004 Chg-P CR2E034 (10/03)																																	
4. FEI Number 20-0231790				☒ Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HALL, W. CRAIG 4830 WEST KENNEDY BLVD SUITE 750 TAMPA, FL 33609																																	
7. Name and Address of New Registered Agent Name Tara Hetzel Street Address 9100 9th St N # 403 City St Pete FL Zip Code 33702				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 Tara Hetzel DATE 2/14/04																																	
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees				10. FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DPS HANNON, PHILIP 6340 49TH STREET NORTH PINELLAS PARK, FL 33781 ☐ Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HANNON, PHILIP 6340 49TH STREET NORTH PINELLAS PARK, FL 33781 ☐ Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: P. Hannon Date 3-3-04 Daytime Phone # 727-528 1986																																					