

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90103 031 ***150.00

DOCUMENT # P03000111806

1. Entity Name
ACTIVE 8 USA, INC.



Principal Place of Business
**301 N. CATTLEMEN ROAD, SUITE 205
SARASOTA, FL 34232**

Mailing Address
**301 N. CATTLEMEN ROAD, SUITE 205
SARASOTA, FL 34232**

50050420

2. Principal Place of Business
1566 S. French Ave
Suite, Apt. #, etc.

3. Mailing Address
1566 S. French Ave
Suite, Apt. #, etc.



04092005 Chg-P CR2E034 (10/03)

City & State
Sanford, FL 32771
Zip Country

City & State
Sanford, FL 32771
Zip Country

4. FEI Number
56-2422691

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WATTS, GEORGINA E
301 N. CATTLEMEN ROAD, SUITE 205
SARASOTA, FL 34232**

7. Name and Address of New Registered Agent

Name
Georgina Watts
Street Address (P.O. Box Number is Not Acceptable)
337 Pine Shadow
City
Lake Mary FL Zip Code
32746

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WATTS, GEORGINA E
301 N. CATTLEMEN ROAD, SUITE 205
SARASOTA, FL 34232** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WATTS, RICHARD C
301 N. CATTLEMEN ROAD, SUITE 205
SARASOTA, FL 34232** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-05