

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90290 048 ***150.00

DOCUMENT # P03000156254

1. Entity Name
TELWARES BOAT RENTAL, INC.



Principal Place of Business
**4460 LEGENDARY DR., SUITE 350
DESTIN, FL 32541**

Mailing Address
**4460 LEGENDARY DR., SUITE 350
DESTIN, FL 32541**

94055053



2. Principal Place of Business
323 Stillwater Cove

3. Mailing Address
323 Stillwater Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004 Chg-P CR2E034 (10/03)

City & State
Destin, FL

City & State
Destin, FL

4. FEI Number
20-0509923

Applied For
Not Applicable

Zip Country
32541 USA

Zip Country
32541 USA

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

6. Name and Address of Current Registered Agent

**WILSON, PETE
4460 LEGENDARY DR., SUITE 350
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name **Pete Wilson**
Street Address (P.O. Box Number is Not Acceptable)
323 Stillwater Cove
City **Destin** FL Zip Code **32541**

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)

4/8/04

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** ☐ Delete
NAME **WILSON, PETE**
STREET ADDRESS **323 STILL WATER COVE**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Delete
NAME **WILSON, CINDY**
STREET ADDRESS **323 STILL WATER COVE**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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 #