2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P04000021473 1. Entity Name 04-26-2006 90181 041 ***150.00 SIESTA KEY JET SKI, INC. Principal Place of Business Mailing Address 1249 STICKNEY POINT ROAD 1249 STICKNEY POINT ROAD SARASOTA FL 34242 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 20-0675270 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name W. LEE MCGINNESS Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET **SUITE 971** SARASOTA FL 34236 -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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 6 Fricer TITLE Change ☐ Addition ☐ Delete TITLE Tush Aledia H NAME NAME TUSH, ALEDIA H 1249 Stickney Pt STREET ADDRESS 1249 STICKNEY POINT ROAD STREET ADDRESS Samsolz Fl CITY-ST-ZIP 34242 CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete TITLE Change ☐ Addition TITLE VΡ NAME NAME CAMPBELL, VICKI L STREET ADDRESS STREET ADDRESS 1249 STICKNEY POINT ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 Dresident Change ■ Addition TITLE □ Delete Campbell Clas W 12 49 Stakkey of Red NAME NAME CAMPBELL, CHRIS W. STREET ADDRESS STREET ADDRESS 1249 STICKNEY POINT ROAD Sarasok F1 34142 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 ☐ Defete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 additional statutes with all other like empowered.

FILED