2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 06, 2005 8:00 am
Secretary of State
05-06-2005 90101 045 ***150.00

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04282005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000080826

1. Entity Name
TRIPLE SSS WATERSPORT, INC.

Principal Place of Business	Mailing Address
311 COCONUT DRIVE INDIALANTIC, FL 32903	311 COCONUT DRIVE INDIALANTIC, FL 32903

2. Principal Place of Business	3. Mailing Address
3101 Hwy A1A	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indialantic, Fl	City & State
Zip: 32903 Country: Brevard	Zip Country

4. FEI Number: 96-0177187 ☐ Applied For ☐ Not Applicable

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
TUMMINELLO, MICHAEL 311 COCONUT DRIVE INDIALANTIC, FL 32903	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 __________
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUMMINELLO, MICHAEL 311 COCONUT DRIVE INDIALANTIC, FL 32903	☐ Delete	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: [signature] 5/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #