

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90292 001 ***300.00

DOCUMENT # P04000128562					
1. Entity Name KIRKHAM WATERSPORTS INC					
Principal Place of Business			Mailing Address		
11045 GULF BLVD TREASURE ISLAND, FL 33706 US			11045 GULF BLVD TREASURE ISLAND, FL 33706 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
<i>20045 Gulf Blvd</i>		<i>20045 Gulf Blvd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
<i>Indian Shores, FL</i>		<i>Indian Shores, FL</i>		41-2149829	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<i>33785</i>		<i>US</i>		<i>33785</i> <i>US</i>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIRKHAM, WAYNE 11045 GULF BLVD TREASURE ISLAND, FL 33706			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>20045 Gulf Blvd</i>		
			City		
			<i>Indian Shores</i> FL <i>33785</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P KIRKHAM, WAYNE 11045 GULF BLVD TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRKHAM, JULIA T 11045 GULF BLVD TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRKHAM, JULIA T 11045 GULF BLVD TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 address, with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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