## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secrétary of State DOCUMENT # P04000164623 07-13-2006 90020 019 \*\*\*150.00 1. Entity Name MESH SKATEPARK INC. Principal Place of Business Mailing Address 881 WEST WARREN AVE 881 WEST WARREN AVE 50022382 SUITES B AND C SUITES B AND C LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 07102006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 84-1663232 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEGROOT, CHAD J 881 W WARREN B AND C Street Address (P.O. Box Number is Not Acceptable) LONGWOOD, FL. 32750 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME DEGROOT, CHAD J NAME STREET ADDRESS 570 S INDIGO RD STREET ADDRESS ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP CITY-ST-ZIP SEC Change . ☐ Addition Delete TITLE ONDREK, Simon A 4000 1478 SUNSHAPOW DR #202 ONDREK, SIMON A NAME NAME STREET ADDRESS 309 RACHELLE AVE APT 623 STREET ADDRESS SANFORD, FL 32771 ELBERRY FL 32707 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE PETERSON, BRETT R NAME NAME 8204 PLANTATION LAKES CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. IMON ONDOFK SECRETAR

FILED

Jul 13, 2006 8:00 am