## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P05000037732 Jan 22, 2007 08:00 AM **Secretary of State** RECREATIONAL SALES, INC. Principal Place of Business Mailing Address 1160 NW 101ST AVE PLANTATION FL 33322 1160 NW 101ST AVE PLANTATION FL 33322 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0598170 Not Applicable Zip. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEWETT, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 2514 HOLLYWOOD BLVD STE 508 HOLLYWOOD FL 33020 City 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed harne of registered agent and title $\epsilon$ applicable DATE (NOTE: Registered Agent signature required when reinstring) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. n Dist Defete Change Addition 11111. ROZOS, DIANE NAMI NAMI. U00000594520 1160 NW 101ST AVE 01/2ઁ3ઁ0̈7¯8ŏȯȯ̃3¯010 150.00 STRUT ADDRESS STRULT ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition 1110 Delete NAME STREET ADDRESS STREET ADDRESS CJIY - SI - ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STRUT ADDRESS SHILL LADDRESS CHY-ST-ZIP CHY-SI-ZIP Delete Change ☐ Addition NAMI NAM STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP Delete hlaf ☐ Change Addition 100 NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST- ZIP шп Delete DITE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP

12. Thereby 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 offect as if made under eath, 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:** 

GNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

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**FILED**