

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90162 023 ***150.00

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1. Entity Name
WATERSKI & WAKEBOARD CHARTERS, INC.



Principal Place of Business
789 INLET DRIVE
MARCO ISLAND, FL 34145

Mailing Address
~~789 INLET DRIVE~~
MARCO ISLAND, FL 34145

60032354



2. Principal Place of Business - No P.O. Box #
271 SHADOW RIDGE CT
Suite, Apt. #, etc.

3. Mailing Address
← SAME
Suite, Apt. #, etc.

04092008 Chg-P CR2E034 (12/06)

City & State
marco Island, FL
Zip
34145

City & State
Zip
Country

4. FEI Number
~~20-4349176~~ 20-4849176
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

BEATTY, DUSTIN R
~~789 INLET DRIVE~~
MARCO ISLAND, FL 34145

271 SHADOW RIDGE CT

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
D	BEATTY, DUSTIN R	789 INLET DRIVE	MARCO ISLAND, FL 34145	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	271 SHADOW RIDGE CT.	MARCO ISLAND FL 34145		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition

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

DUSTIN R. BEATTY

Date

Daytime Phone #

4/13/08