2007 FOR PROFIT CORPORATION

Apr 09, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P06000082310 1. Entity Name 04-09-2007 90081 040 ***150.00 MOOSE WATERSPORTS, INC. Principal Place of Business Mailing Address 1221 LAKE BUCKEYE DRIVE WEST 1221 LAKE BUCKEYE DRIVE WEST 40054435 WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272007 Chg-P CR2E034 (12/06) City & State City & State 4. FELNumber Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, ROGER K 1221 LAKE BUCKEYE DRIVE WEST Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN, FL 33881 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. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete nne ☐ Change Addition NAME WILLIAMS, ROGER K NAME 1221 LAKE BUCKEYE DRIVE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachingmix with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADORESS

CITY-SI-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

K William

☐ Delete

ROBERKWILLIAMS 4/5/07 863 293 3193

FILED

Addition

Change