2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# P06000105463

Entity Name: FORT WALTON POWERSPORTS, INC.

Current Principal Place of Business:

314 SW MENTOR CT
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

314 SW MENTOR CT
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 65-1288495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, JAMES T ESQ.
50 N LAURA STREET
SUITE 1700
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

MURPHY, JAMES T ESQ.
50 N LAURA ST
SUITE 1700
JACKSONVILLE, FL 32205 US

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.

SIGNATURE: JAMES MURPHY 01/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MACKEY, GREGORY E PRES
Address: 314 SW MENTOR COURT
City-St-Zip: LAKE CITY, FL 32025 US

Title: VP ( ) Delete
Name: JONES, DON
Address: 314 SW MENTOR CT
City-St-Zip: LAKE CITY, FL 32025

Title: SEC ( ) Delete
Name: HOFFMAN, DOREEN
Address: 314 SW MENTOR CT
City-St-Zip: LAKE CITY, FL 32025

Title: DIR ( ) Delete
Name: ALDOUS, JOHN
Address: 314 SW MENTOR CT
City-St-Zip: LAKE CITY, FL 32025

Title: DIR ( ) Delete
Name: ALDOUS, PATRICIA
Address: 314 SW MENTOR CT
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY MACKEY P 01/22/2009
Electronic Signature of Signing Officer or Director Date