

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112227

Entity Name: FUN DAY BOAT RENTALS, INC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

14250 ROYAL HARBOUR CT., #1114
FT. MYERS, FL 33908

New Principal Place of Business:

709 CAPE CORAL PKWAY WEST
CAPE CORAL, FL 33914

Current Mailing Address:

14250 ROYAL HARBOUR CT., #1114
FT. MYERS, FL 33908

New Mailing Address:

709 CAPE CORAL PKWAY WEST
CAPE CORAL, FL 33914

FEI Number: 41-2212769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAN, LAWRENCE
1749 NE 10TH TERRACE, UNIT 4
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

SWAN, LAWRENCE
709 CAPE CORAL PKWAY WEST
CAPE CORAL, FL 33914 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: LAWRENCE SWAN

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ST. CLAIR, TIMOTHY
Address: 14250 ROYAL HARBOUR CT., #1114
City-St-Zip: FT. MYERS, FL 33908

Title: VSTD () Delete
Name: SWAN, LAWRENCE
Address: 14250 ROYAL HARBOUR CT., #517
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ST. CLAIR, TIMOTHY
Address: 709 CAPE CORAL PKWAY WEST
City-St-Zip: CAPE CORAL, FL 33914

Title: VSTD (X) Change () Addition
Name: SWAN, LAWRENCE
Address: 709 CAPE CORAL PKWAY WEST
City-St-Zip: CAPE CORAL, FL 33914

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: TIMOTHY ST CLAIR

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date