

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90333 017 ***150.00

DOCUMENT # P06000156049



1. Entity Name
ELITE CANOE GUIDE SERVICE, INC.

Principal Place of Business
4733 CREEK MEADOW TRAIL
LAKELAND, FL 33810 US

Mailing Address
4733 CREEK MEADOW TRAIL
LAKELAND, FL 33810 US

40064134



2. Principal Place of Business No P.O. Box #

3. Mailing Address

02272007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number
20-8093193

Applied For
Not Applicable

Zip

Country

Zip

Country

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

REYNOLDS, CASEY N
4733 CREEK MEADOW TRAIL
LAKELAND, FL 33810

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 fee if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: DIR.
NAME: REYNOLDS, CASEY N
STREET ADDRESS: 4733 CREEK MEADOW TRAIL
CITY-ST-ZIP: LAKELAND, FL 33810 ☐ Delete

TITLE: DIR.
NAME: REYNOLDS, BETTY
STREET ADDRESS: 4733 CREEK MEADOW TRAIL
CITY-ST-ZIP: LAKELAND, FL 33810 ☐ Delete

TITLE: PRES
NAME: REYNOLDS, CASEY N
STREET ADDRESS: 4733 CREEK MEADOW TRAIL
CITY-ST-ZIP: LAKELAND, FL 33810 ☐ Delete

TITLE: VP
NAME: REYNOLDS, BETTY
STREET ADDRESS: 4733 CREEK MEADOW TRAIL
CITY-ST-ZIP: LAKELAND, FL 33810 ☐ Delete

TITLE: SEC.
NAME: REYNOLDS, BETTY
STREET ADDRESS: 4733 CREEK MEADOW TRAIL
CITY-ST-ZIP: LAKELAND, FL 33810 ☐ Delete

TITLE: TREA
NAME: REYNOLDS, BETTY
STREET ADDRESS: 4733 CREEK MEADOW TRAIL
CITY-ST-ZIP: LAKELAND, FL 33810 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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: Casey N. Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

863-858-0438

Date

Telephone #