

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000156049

1. Entity Name  
ELITE CANOE GUIDE SERVICE, INC.



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

Mailing Address  
4733 CREEK MEADOW TRAIL  
LAKE LAND, FL 33810 US



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-8093193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

REYNOLDS, CASEY N  
4733 CREEK MEADOW TRAIL  
LAKE LAND, FL 33810

**DO NOT WRITE  
IN THIS SPACE**

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 date if applicable (NOTE: Registered Agent signature required when reappointing) 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

000000288193  
04/22/08-90004-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. REYNOLDS, CASEY N 4733 CREEK MEADOW TRAIL LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. REYNOLDS, BETTY 4733 CREEK MEADOW TRAIL LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES REYNOLDS, CASEY N 4733 CREEK MEADOW TRAIL LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYNOLDS, BETTY 4733 CREEK MEADOW TRAIL LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. REYNOLDS, BETTY 4733 CREEK MEADOW TRAIL LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA REYNOLDS, BETTY 4733 CREEK MEADOW TRAIL LAKE LAND, FL 33810

**DO NOT WRITE  
IN THIS SPACE**

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

4/7/08

863-858-0438  
Daytime Phone #