

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079726

FILED
May 01, 2009
Secretary of State

Entity Name: FUNTIME BOATS OF MERRITT ISLAND, INC.

Current Principal Place of Business:

1872 EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

Current Mailing Address:

1872 EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND, FL 32952 US

New Mailing Address:

FEI Number: 59-3217148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAESTRE, NORMAN M III
1872 EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND, FL 32951 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAESTRE, NORMAN M III
Address: 341 MILFORD POINT ROAD
City-St-Zip: MERRITT ISLAND, FL

Title: DV () Delete
Name: MAESTRE, DANIEL M
Address: 1880 WOODSIDE WAY
City-St-Zip: PALM CITY, FL 34990

Title: V () Delete
Name: PYLE, DIANE M
Address: 3034 S.E. QUANSET CIRCLE
City-St-Zip: STUART, FL

Title: V () Delete
Name: MAESTRE, KAREN E
Address: 980 SYCAMORE
City-St-Zip: ROCKLEDGE, FL

Title: ST () Delete
Name: BRUNK, CYNTHIA A
Address: 1014 HARBOR PINES DRIVE
City-St-Zip: MERRITT ISLAND, FL

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: NORMAN M. MAESTRE, III

DP

05/01/2009

Electronic Signature of Signing Officer or Director

Date