## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May $0\overline{3}$ , 2004 8:00 am Secretary of State DOCUMENT # P94000067103 1. Entity Name 05-03-2004 91042 038 \*\*\*150 00 NAPLES WATERSPORTS, INC. Principal Place of Business Mailing Address 1221 57H AVE SOUTH 3820*7*1H AVE/NW Mailing Address Principal Place of Business AVE. N.W. 550 BORT-O-CALL WAY MOORE CR2E034 (11/03) 4. FEI Number Applied For FLORIDA 65-0520527 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GURGES, DIANA Street Address (P.O. Box Number is Not Acceptable) 3400 TAMIAMI TRAIL NORTH #202 NAPLES FL 33940 City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Addition RODRIGUEZ, MARGARET NAME NAME 4710 2th AVE. N.W. MARIES, FLORIDA 34119 3820-7TH AVE. N.W. STREET ADDRESS STREET ADDRESS NAPLES FL 94120 CITY-ST-7/P CITY-ST-ZIP DP ☐ Change TITLE ☐ Delete TITLE Addition RODRIGUEZ, RENE 2 4710 9x AVE. N.W. NAME NAME 3820 7TH AVE. N.W. STREET ADDRESS STREET ADDRESS NAPLES Ft-34120 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME REGRUT, KAREN NAME 4710 1th HOE. N.W. STREET ADDRESS STREET ADDRESS 3820 7TH AVE: N.W. CITY-ST-ZIP NAPLES FL 34120 CITY-ST-ZIP NAGUES FLORIOR 34119 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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**SIGNATURE:** 

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