## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P97000020070** H2O ADVENTURES, INC. Principal Place of Business Mailing Address 701 S. BAYSHORE BLVD., STE. 101 701 S. BAYSHORE BLVD., STE. 101 TAMPA, FL 33606 TAMPA, FL 33606 CR2E034 (11/05) 04222006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3442875 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WARD, KEN DO NOT WRITE 701 S. BAYSHORE BLVD., STE. 101 **TAMPA, FL 33606** 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 tille if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 U00000547653 П Trust Fund Contribution. Added to Fess 05/12/06-80033**-**009 150**.0**0 OFFICERS AND DIRECTORS 10. TITLE NAME WARD, KEN STREET ADDRESS 701 S. BAYSHORE BLVD., STE. 101 CITY-ST-ZIP TAMPA, FL 33606 TIT) F NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this tilling does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplies ential 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 frugitee empowered by 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 place in the provided of the corporation of the corporation.

SIGNATURE: \_\_

HAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
HAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/24/26

151-4168

**FILED** 

Daytime Phone &