2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000082260

1. Entity Name
RIPTIDE UNLIMITED, INC.

Principal Place of Business	Mailing Address
P.O. BOX 531 NEW SMYRNA BEACH, FL 32170 US	P.O. BOX 531 NEW SMYRNA BEACH, FL 32170 US

DO NOT WRITE IN THIS SPACE

01162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3476737 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUKE, GLEN
304 BEACHWAY AVENUE
NEW SMYRNA BEACH, FL 32169

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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] 1-18-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	DUKE, GLEN
STREET ADDRESS	304 BEACHWAY AVENUE
CITY ST ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	S
NAME	DUKE, VICKI
STREET ADDRESS	304 BEACHWAY AVENUE
CITY ST ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	PD
NAME	DUKE, JASON
STREET ADDRESS	3353 WESTCHESTER SQ. BLVD. APT # 202
CITY ST ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/24/05-80066-021 150.00

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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.

SIGNATURE: [signature] GLEN W. DUKE 1-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #