

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000105459**

1. Entity Name

RECREATIONAL COMPOSITES, INC.



Principal Place of Business

4132 ALEXANDER AVE.  
GULF BREEZE FL 32563

Mailing Address

4132 ALEXANDER AVE.  
GULF BREEZE FL 32563



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FE Number **59-3483344**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUMAN, JEAN M**  
**4132 ALEXANDER AVE**  
**GULF BREEZE FL 32563**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE *Jean M. Bauman* **JEAN M. BAUMAN**

**1-31-2008**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when completing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BAUMAN, JAMES H	
STREET ADDRESS	4132 ALEXANDER AVE	
CITY - ST - ZIP	GULF BREEZE FL 32563	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUMAN, JEAN M	
STREET ADDRESS	4132 ALEXANDER AVE	
CITY - ST - ZIP	GULF BREEZE FL 32563	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

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02/20/08-80055-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Jean M. Bauman* **JEAN M. BAUMAN**

**1-31-2008**

**850-934-1275**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #