## 2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM Secretary of State E CUMENT # P98000030613 MAN WATERSPORTS, INC. ٨ Р al Place of Business Mailing Address 301 SANDPIPER COURT EDGEWATER FL 32141 ANDPIPER COURT WATER FL 32141 2. cipal Place of Business 3. Mailing Address e, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For State 4. FEI Number 59-3505331 Not Applicat Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KONYN, MARIA B Street Address (P.O. Box Number is Not Acceptable) SOT SANDPIPER COURT EDGEWATER FL 32141 Zip Code 8. 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 bligations of registered agent. M. Konyn 01-20-06 S registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$160.00 9. Election Campaign Financing \$5.00 May 8 arter May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees heck Payable to Florida Department of State ħ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 ☐ Change ☐ Addition 515 PTD ☐ Delete BULL NF KONYN, MARIA B NAME ST 301 SANDPIPER COURT STREET ADDRESS U00000397482 CITY-ST-ZIP <u>01/30/06-80052-00</u>2 150.00 CI EDGEWATER FL 32141 **VSD** ☐ Detete ☐ Change 🔲 Addiii Ħ) SIFLE H KONIJN, LOURENTIUS P J NAME STREET ADDRESS ST 301 SANDPIPER COURT Ct EDGEWATER FL 32141 CITY-ST-ZIP 723 Delete me Change A.L. N NAME ST STREET ADDRESS CI CITY-ST-ZIP ☐ Detete THILE ☐ Change Address TI. ŊĮ. NAME Sĩ STREET ADDRESS CT CRIY-ST-ZIP Adding ☐ Channe 737 ☐ Delete TITLE ΝA NAME ST STREET ADDRESS ÇŢ City-St-ZIP 711 ☐ Delete TITLE ☐ Change Acidin NΑ MAME ST STREET ADORESS CF City-St-ZiP ciedy certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the Information scaled 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 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 than before, or on an attachment with an address, with all other like empowered. 1:

386-663-474

01-20-06

M. Konin

NATURE:

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