

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000031649

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** TIDALWAVE BOAT LIFTS MFG., INC.

**Current Principal Place of Business:**

5303 SW 2ND PLACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

5303 SW 2ND PLACE  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 65-0797823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOUGLAS, EDMONDS C  
2920 RUNWAY ST.  
BLDG 3 UNIT B  
N FT MYERS, FL 33917 US

**Name and Address of New Registered Agent:**

EDMONDS, DOUGLAS C  
5303 SW 2ND PLACE  
CAPE CORAL, FL 33914 US

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.

**SIGNATURE:** DOUGLAS C EDMONDS

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** EDMONDS, DOUGLAS C  
**Address:** 5303 SW 2ND PLACE  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** VSTD  
**Name:** EDMONDS, ARCHONDOULA N  
**Address:** 5303 SW 2ND PLACE  
**City-St-Zip:** CAPE CORAL, FL 33914

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DOUGLAS C EDMONDS

PRES

05/01/2011

Electronic Signature of Signing Officer or Director

Date