

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000070002

1. Entity Name
TWISTER AIRBOAT RIDES, INC.



Principal Place of Business

7290 W. HWY. 520
COCOA, FL 32926

Mailing Address

7290 W. HWY. 520
COCOA, FL 32926



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3526417

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, CHARLES L
7290 W. HWY. 520
COCOA, FL 32926

**DO NOT WRITE
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 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**

U00000210199
02/02/05-80070-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, CHARLES L
STREET ADDRESS	7290 W. HWY. 520
CITY-ST-ZIP	COCOA, FL 32926
TITLE	VD
NAME	INMAN, DENNIS A
STREET ADDRESS	1495 SUNRISE DR.
CITY-ST-ZIP	MERRITT ISLAND, FL 33165
TITLE	STD
NAME	JONES, PATTY L
STREET ADDRESS	230 SALDON LN
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Dennis A Inman* **Dennis A Inman VP. 1-24-05 321-632-4199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #