

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3526417	
Zip	Country	Zip	Country	Applied for Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, CHARLES L 7290 W. HWY. 520 COCOA FL 32926			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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY- ST- ZIP	PD JONES, CHARLES L 7290 W. HWY. 520 COCOA FL 32926	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000430604 02/22/06-80055-009 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD INMAN, DENNIS A 1495 SUNRISE DR. MERRITT ISLAND FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD JONES, PATTY L 230 SALDON LN COCOA FL 32926	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
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: <i>Dennis A Inman</i> V.P. 2-08-06 321-638-0059					