

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000109499

1. Entity Name

LOXAHATCHEE CANOEING, INC.



**FILED
Feb 11, 2004 8:00 am
Secretary of State**

02-11-2004 90002 010 ***150.00

Principal Place of Business

10216 LEE RD.
BOYNTON BEACH FL 33437

Mailing Address

12440 STATE ROAD 7
BOYNTON BEACH FL 33437

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

5381 Blueberry Hill Ave

Suite, Apt. #, etc.

City & State

City & State

Lake Worth FL

Zip

Zip

33463 Palm Beach

Country

4. FEI Number

65-0969877

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DETORE, KIM
12440 STATE ROAD 7
BOYNTON BEACH FL 33437

Name

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

5381 Blueberry Hill Ave

City

Lake Worth FL FL 33463

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.

Kim Detrore

2/6/04

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, 2004 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 P
NAME DETORE, KIM
STREET ADDRESS 4601 LANTANA RD
CITY-ST-ZIP LAKE WORTH FL 33463

Delete

TITLE P
NAME Kim Detrore
STREET ADDRESS 5381 Blueberry Hill Ave
CITY-ST-ZIP Lake Worth FL 33463

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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:

Kim Detrore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04 561-733-0192

Date Daytime Phone #