2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000109499

1. Entity Name
LOXAHATCHEE CANOEING, INC.

Principal Place of Business	Mailing Address
10216 LEE RD. BOYNTON BEACH, FL 33437	5381 BLUEBERRY HILL AVE LAKE WORTH, FL 33463

DO NOT WRITE IN THIS SPACE

05022005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0969877	Not Applicable

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

6. Name and Address of Current Registered Agent

DETORE, KIM
5381 BLUEBERRY HILL AVE
LAKE WORTH, FL 33463

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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 $550.00 **Due by September 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	DETORE, KIM
STREET ADDRESS	5381 BLUEBERRY HILL AVE
CITY-ST-ZIP	LAKE WORTH, FL 33463

TITLE	
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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: _____   5/2/05   5017330792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #