



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90410 009 ***150.00

DOCUMENT # P99000109499					
1. Entity Name LOXAHATCHEE CANOEING, INC.					
Principal Place of Business 10216 LEE RD. BOYNTON BEACH, FL 33437			Mailing Address 7909 VENTURE CENTER WAY 7156 COLONY CLUB DRIVE 105 9106 LAKE WORTH, FL 33463 BOYNTON BCH FL 33437 40087792		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7909 VENTURE CENTER WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 9106		04242008 Chg-P CR2E034 (12/06)	
City & State		City & State BOYNTON BCH FL		4. FEI Number 65-0969877	
Zip		Zip 33437		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DETORE, KIM 7156 COLONY CLUB DR 304 LAKE WORTH, FL 32463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7909 VENTURE CENTER WAY 9106 City BOYNTON BCH FL Zip Code 33437		
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: <u>Kim Detore</u> DATE: <u>4/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P DETORE, KIM 7909 VENTURE CENTER WAY 7156 COLONY CLUB DRIVE 105 9106 LAKE WORTH, FL 33463 BOYNTON BCH FL 33437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Kim Detore</u>			<u>4/24/08</u> <u>561-733 0192</u> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					