

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90521 024 \*\*\*150.00

**DOCUMENT # V39432**

1. Entity Name  
YOLO WATERSPORTS, INC.



Principal Place of Business  
11534 ANDY ROSSE LANE  
CAPTIVA, FL 33924 US

Mailing Address  
P.O. BOX 1150  
CAPTIVA ISLAND, FL 33924 US

**50045577**



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0338276

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

VENTURA, MARCEL  
5741 PINE TREE DR  
SANIBEL ISLAND, FL 33957

**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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME VENTURA, MARCEL  
STREET ADDRESS 5741 PINE TREE DR  
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE VP  
NAME VENTURA, ELIZABETH  
STREET ADDRESS 5741 PINETREE DR  
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE T/S  
NAME VENTURA, ELIZABETH  
STREET ADDRESS 5741 PINE TREE DR  
CITY-ST-ZIP SANIBEL ISLAND, FL 33957

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARCEL VENTURA 42905 739-994-9656