

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007491

**Entity Name:** MIRACLE RECREATION EQUIPMENT COMPANY

**Current Principal Place of Business:**

878 E HWY 60  
MONETT, MO 65708

**Current Mailing Address:**

878 E HWY 60  
MONETT, MO 65708 US

**FEI Number: 43-1595099**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MCDAVID, WILLIAM  
Address 878 E HWY 60  
City-State-Zip: MONETT MO 65708

Title DIRECTOR  
Name RAMSAY, BRIAN  
Address 878 E HWY 60  
City-State-Zip: MONETT MO 65708

Title DIRECTOR  
Name YEAZEL, BRYAN  
Address 878 E HWY 60  
City-State-Zip: MONETT MO 65708

Title PRESIDENT / CEO  
Name YEAZEL, BRYAN  
Address 878 E HWY 60  
City-State-Zip: MONETT MO 65708

Title CFO & TREASURER  
Name GLAY, CARY  
Address 878 E HWY 60  
City-State-Zip: MONETT MO 65708

Title EXECUTIVE VICE PRESIDENT  
Name GLAY, CARY  
Address 878 E HWY 60  
City-State-Zip: MONETT MO 65708

Title SENIOR VICE PRESIDENT, CHIEF  
LEGAL OFFICER & SECRETARY  
Name STARR, DAVID  
Address 878 E HWY 60  
City-State-Zip: MONETT MO 65708

Title SENIOR VICE PRESIDENT  
Name BRINKER, TODD  
Address 878 E HWY 60  
City-State-Zip: MONETT MO 65708

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MIKE PRUSS**

**AUTHORIZE SIGNOR**

**03/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name SUTTON, MIKE  
Address 878 E HWY 60  
City-State-Zip: MONETT MO 65708

Title AUTHORIZE SIGNOR  
Name PRUSS, MIKE  
Address 878 E HWY 60  
City-State-Zip: MONETT MO 65708