2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State
05-17-2004 90010 024 ***550.00

DOCUMENT # 493260

1. Entity Name

E & H BOAT WORKS, INC.

Principal Place of Business	Mailing Address
2180 IDLEWILDE RD. PALM BEACH GARDENS FL 33410	2180 IDLEWILDE RD. PALM BEACH GARDENS FL 33410

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1679311 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HODGE, CHRISTOPHER 2180 IDLEWILDE RD. PALM BEACH GARDENS FL 33410	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HODGE, CHRISTOPHER	NAME	
STREET ADDRESS	2180 IDLEWILDE RD.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HODGE, ANDREA	NAME	
STREET ADDRESS	2180 IDLEWILDE RD.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Christopher B. Hodge Pres. 5-11-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #