


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 519459**

1. Entity Name  
**BOAT CENTER, INC.**



Principal Place of Business      Mailing Address

1771 SOUTH STATE ROAD 7      1771 SOUTH STATE ROAD 7  
 FT. LAUDERDALE, FL 33317      FT. LAUDERDALE, FL 33317

**DO NOT WRITE IN THIS SPACE**



02172006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1742722**       Not Applicable

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

6. Name and Address of Current Registered Agent

**GAGEN, JOEL M**  
**7060 SW 19TH ST**  
**FORT LAUDERDALE, FL 33317**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

0000003475930  
 04/10/06-80023-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNOR, JOHN H. 4451 WILD TURKEY WAY GAINESVILLE, GA 30508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV GAGEN, JOEL 7060 SW 19TH ST PLANTATION, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWSON, GARY 17202 SW 79 PL MIAMI, FL
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 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:**  **Joel Gagen**      **March 21, 2006**      **954-581-4300**

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