2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2004 8:00 am Secretary of State DOCUMENT # K99323 1. Entity Name 05-03-2004 91049 011 ***150 00 OLD TIME BOAT CO., INC. Principal Place of Business Mailing Address 27518C CR 561 PO BOX 1245 TAVARES FL 32778 MT DORA FL 32756 2. Principal Place of Business 3. Mailing Address 28206 C.R Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-0140963 Tavares Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box <u> 32778</u> 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name SCHERB GARY G Street Address (P.O. Box Number is Not Acceptable) 2905 LAKESHORE DR MOUNT DORA FL 32757 City Zin 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 agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE Change SCHERB, GARY G. NAME NAME 2905 LAKESHORE DR STREET ADDRESS STREET ADDRESS MOUNT DORA FL 32757 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHERB, CAROLE I. NAME NAME STREET ADDRESS 2905 LAKESHORE DR STREET ADDRESS MOUNT DORA FL 32757 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE 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

G OFFICER OR DIRECTOR

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