


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90192 006 \*\*\*150.00

**DOCUMENT # K99323**  
 1. Entity Name  
**OLD TIME BOAT CO., INC.**



Principal Place of Business      Mailing Address  
**28206 CR 561**      **PO BOX 1245**  
**TAVARES FL 32778**      **MT DORA FL 32756**  
**US**      **US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For  
**65-0140963**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SCHERB GARY G**  
**2905 LAKESHORE DR**  
**MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent  
 Name  
**Scherb Douglas W**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1320 Kellog Drive**  
**Tavares, FL 32778**  
 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 *Douglas W. Scherb*      **Douglas W. Scherb**      **04/30/08**  
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, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHERB, GARY G.	
STREET ADDRESS	2905 LAKESHORE DR	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SCHERB, CAROLE I.	
STREET ADDRESS	2905 LAKESHORE DR	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scherb, Douglas W.	
STREET ADDRESS	1320 Kellog Drive	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 lines empowered.

SIGNATURE: *Douglas W. Scherb*      **Douglas W. Scherb**      **04/30/08**      **352-742-0475**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Date of Filing