


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90828 036 \*\*\*150.00

**DOCUMENT # P02000031525**

1. Entity Name  
**PERFORMANCE AIRBOATS INC**



Principal Place of Business  
**1400 LAKE HARVEY WOODS OKEECHOBEE, FL 34973**

Mailing Address  
**1400 LAKE HARVEY WOODS OKEECHOBEE, FL 34973**

**40092592**



2. Principal Place of Business - No P.O. Box #  
**1200 LAKE HARVEY WOODS BLVD**

Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04182007 Chg-P CR2E034 (12/06)

City & State  
**Mims FL**

City & State  
**Mims FL**

Zip  
**32754**

Country  
**Volusia**

Zip  
**32754**

Country  
**Volusia**

4. FEI Number  
**01-0646988**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DELISI, MARTIN V**  
**4361 NORTHLAKE BLVD**  
**PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2000 PEA BLVD**

**Suite 3206**

City  
**Palm Beach Gardens FL**

Zip Code  
**33409**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P</b>	<b>DAVID, ALLAN J</b>	<b>1400 LAKE HARVEY WOODS BLVD</b>	<b>OKEECHOBEE, FL 34973</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>1200 LAKE HARVEY WOODS BLVD</b>	<b>Mims FL 32754</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: **4-26-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date