2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

NATURE:

Mar 12, 2005 08:00 AM DOCUMENT # P94000038417 Secretary of State 1. Entity Name CANAVERAL CUSTOM BOATS, INC. Principal Place of Business Mailing Address 770 MULLET RD 770 MULLET RD CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3246625 Not Applicable Zip Country Zia Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, MARK G Street Address (P.O. Box Number is Not Acceptable) 770 MÜLLET ROAD CAPE CANAVERAL FL 32920 Zip Code FL 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 life if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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. TITLE Delete Title ☐ Change SMITH, ALLAN J NAME мамп U00000280269 STREET ADDRESS 770 MULLET ROAD STREET ADDRESS. 03/12/05-80018-003 150.00 CITY-ST-ZIP CAPE CANAVERAL FL 32920 CITY-ST-ZIP Delete THE ☐ Change ☐ Addition NAME SMITH, MARK G STREET ADDRESS 770 MULLET RD. STREET ADDRESS CITY ST-71P CAPE CANAVERAL FL 32920 CITY-ST-ZIP DTLE Delete Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete TUTE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP THLE Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-SI-ZIP 12. I hereby certify that the information supplied with this filling 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-FILED

Date

Davtime Phone ₽