2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # P94000038417 1. Entity Name 04-13-2007 90174 038 ***150.00 CANAVERAL CUSTOM BOATS, INC. Principal Place of Business Mailing Address 770 MULLET RD 770 MULLET RD CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 774 Mullet Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-3246625 Not Applicable anaveral. \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, MARK G Street Address (P.O. Box Number is Not Acceptable) 770 MULLET ROAD CAPE CANAVERAL FL 32920 City 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 title it 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, 2007 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 11. Change пш Defete HILLE ■ Addition Smith, Allan J 774 Mullet Rd. SMITH, ALLAN J NAMI NAMI 770 MULLET ROAD STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 32920 Cape Canavurd, A 32920 CHY SI-7IP CITY SE 7IP 11111 ☐ Delete HIH **e**trange Addition Snith, Mark 174 multet Rd SMITH, MARK G NAM NAMI 770 MULLET RD. STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 32920 Capicanaveral Fr 32420 CHY-SL ZIP CHY ST 7IP THILE ☐ Delete HILL Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY ST ZIP ☐ Delete Change ☐ Addition NAML STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY SEZIP Addition $\Pi\Pi\Pi$ ☐ Delete ☐ Change NAM NAME STREET ADDRESS STREET ADDRESS CHY-St-7IP CITY ST 74P ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST ZIE 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 eport is true and accurate and that my signature shall have the same logal 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. an address, with a if changed, or on an attachment with

FILED

Daytime Phone #