

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048816

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: BOAT DEALERS' ALLIANCE, INC.

**Current Principal Place of Business:**

504 B OLD LEXINGTON HWY  
BOX 12  
CHAPIN, SC 29036

**New Principal Place of Business:**

**Current Mailing Address:**

504 B OLD LEXINGTON HWY  
BOX 12  
CHAPIN, SC 29036

**New Mailing Address:**

FEI Number: 41-1822266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 S PINE ISLAND  
FORT LAUDERDALE, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: EXO ( ) Delete  
Name: VANVOLLENHOVEN, ROBERT J  
Address: 504 B OLD LEXINGTON HWY BOX 12  
City-St-Zip: CHAPIN, SC 29036

Title: PD ( ) Delete  
Name: HEBERT, MIKE  
Address: 1140 I-H 10 NORTH  
City-St-Zip: BEAUMONT, TX 77702

Title: VPD ( ) Delete  
Name: MACCALLUM, PETER  
Address: P.O. BOX 744  
City-St-Zip: EPSOM, NH 03234

Title: TD ( ) Delete  
Name: FRANKLIN, FRANK  
Address: 104 RUSHING LANE  
City-St-Zip: STATESBORO, GA 30458

Title: SD ( ) Delete  
Name: SOUCY, ROB  
Address: P.O. BOX 2350  
City-St-Zip: SOUTH PORTLAND, ME 04116

Title: D ( ) Delete  
Name: COPE, KEN  
Address: 1725 WEST HWY 50  
City-St-Zip: O FALLON, IL 62269

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J VANVOLLENHOVEN

EXD

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date