


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90023 038 ***150.00

DOCUMENT # P97000007338					
1. Entity Name A-1 BOAT SERVICE, INC.					
Principal Place of Business 701 PALM AVENUE KEY WEST, FL 33040			Mailing Address 701 PALM AVENUE KEY WEST, FL 33040		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0736920	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, HUGH J ESQ. 317 WHITEHEAD STREET KEY WEST, FL 33040			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	VP, Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SPENCER, RICKY	NAME	Wanda J. Spencer		
STREET ADDRESS	2501 PATTERSON AVE	STREET ADDRESS	701 Palm Ave		
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	Key West, FL 33040		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE			
NAME	SPENCER, JERRY L	NAME			
STREET ADDRESS	2501 PATTERSON AVE	STREET ADDRESS			
CITY-ST-ZIP	KEY WEST, FL	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <u>Wanda J. Spencer</u>			Date: <u>1/21/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		