## **2007 FOR PROFIT CORPORATION**

## Apr 23, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P97000043253** DELAND BOAT CENTER INC. Principal Place of Business Mailing Address 1116 E NEW YORK AVE P.O. BOX 1357 DELAND, FL 32724 US DELAND, FL 32721 US 02122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0798396 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GERCAK, PAUL DO NOT WRITE 1060 S RIDGE WOOD AVE **DELAND, FL 32720** IN THIS SPACE 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П U00000720911 Trust Fund Contribution. Added to Fees 05/01/07-80124-018\_150\_00 OFFICERS AND DIRECTORS 10. TITLE GERCAK, PAUL NAME STREET ADDRESS 1060 S RIDGEWOOD AVE **DELAND, FL 32720** CITY-ST-ZIP GERCAK, IRENE NAME STREET ADDRESS 1060 S RIDGEWOOD AVE CITY-ST-ZIP DELAND, FL 32720 TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITI F NAME

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 attachmer

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

**FILED**