

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

04-26-2007 90233 033 ***150.00

DOCUMENT # P99000046478

1. Entity Name
M.M. BOAT WORKS, INC.



Principal Place of Business
**700 ALMOND STREET
CLERMONT, FL 34711**

Mailing Address
**700 ALMOND STREET
CLERMONT, FL 34711**

2. Principal Place of Business - No P.O. Box #
2540 Parks Mill Road

3. Mailing Address
1166 W. Lakeshore Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



05302007

Chg-P

CR2E034 (12/06)

City & State
Buckhead, Georgia
Zip
30625
Country
U.S.A.

City & State
Clermont, Florida
Zip
34711
Country
U.S.A.

4. FEI Number
59-3589995

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LANGLEY, RICHARD H
700 ALMOND STREET
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

Name **Matthew Misuraca**

Street Address (P.O. Box Number is Not Acceptable)

1166 W. Lakeshore Drive

City **Clermont**

FL

Zip Code
34711

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 **Matthew E. Misuraca** **Director** **5-29-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MISURACA, MATTHEW**
STREET ADDRESS **2540 PARKS MILL ROAD**
CITY-ST-ZIP **BUCKHEAD, GA 30625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE: **Matthew Misuraca** **5-29-07** **702-752-0018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #