

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90040 024 \*\*\*150.00

**DOCUMENT # P01000042892**

1. Entity Name  
**RAGBOATS INC.**



Principal Place of Business  
**1603 E 14TH CT.  
LYNN HAVEN, FL 32444**

Mailing Address  
**1603 E 14TH CT.  
LYNN HAVEN, FL 32444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3719380**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOMLOSY, JAMES  
1603 E 14TH CT.  
LYNN HAVEN, FL 32444**

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D KOMLOSY, JAMES**  
STREET ADDRESS **1603 E 14TH CT.**  
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE ☐ Change ☒ Addition  
NAME **CLACKLEY, JACK**  
STREET ADDRESS **1603 E 14TH CT**  
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE ☐ Delete  
NAME **D PRICE, GARY**  
STREET ADDRESS **1603 E 14TH CT.**  
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE ☐ Change ☒ Addition  
NAME **CLACKLEY, ELLEN**  
STREET ADDRESS **1603 E 14TH CT.**  
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE ☐ Delete  
NAME **D PRICE, ELLEN**  
STREET ADDRESS **1603 E 14TH CT.**  
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

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

TITLE ☒ Delete  
NAME **D SARNO, JOHN**  
STREET ADDRESS **1603 E 14TH CT.**  
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

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

TITLE ☐ Delete  
NAME **D CLACKLEY, CHARLES**  
STREET ADDRESS **1603 E 14TH CT.**  
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

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

TITLE ☐ Delete  
NAME **D CLACKLEY, SALLIE**  
STREET ADDRESS **1603 E 14TH CT.**  
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

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 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:**

*James Komlosy* **JAMES KOMLOSY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-19-04 850-265-4578**