

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90052 030 ***150.00

DOCUMENT # 273246 1. Entity Name RUNYAN'S BOATS AND MOTORS, INC.					
Principal Place of Business 4316 GULF BREEZE PARKWAY GULF BREEZE, FL 32563			Mailing Address 4316 GULF BREEZE PARKWAY GULF BREEZE, FL 32563		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4304 Hickory Shores Blvd. Suite, Apt. #, etc. Gulf Breeze, FL			
City & State		City & State		4. FEI Number 59-1090393	
Zip 32563-9109		Country Santa Rosa		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02072005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PFEIFFER, ROBERT C 4304 HICKORY SHRES BV. GULF BREEZE, FL 32563			7. Name and Address of New Registered Agent Name Carolyn Pfeiffer Street Address (P.O. Box Number is Not Acceptable) 4304 Hickory Shores Blvd. City Gulf Breeze FL Zip Code 32563		
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 <i>Carolyn G. Pfeiffer</i> <small>Signature, typed or printed name of registered agent, or state if applicable</small>			DATE 4-2-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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 NAME STREET ADDRESS CITY-ST-ZIP	PD PFEIFFER, ROBERT C 4304 HICKORY SHRES BV. GULF BREEZE, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD George Pfeiffer 4210 N. 12th Ave. PPensacola, FL 32503 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PFEIFFER, CAROLYN G 4304 HICKORY SHRES BV. GULF BREEZE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPensacola, FL 32503 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PFEIFFER, GEORGE F. 4210 N 12TH AVENUE PENSACOLA, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Carolyn G. Pfeiffer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4-2-05 850 932-3256 <small>Date Daytime Phone #</small>		