



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

06-05-2007 90013 046 \*\*\*150.00

|  |                                 |   |   |  |  |
|--|---------------------------------|---|---|--|--|
| <b>DOCUMENT # 336740</b><br>1. Entity Name<br><b>BOB KERR'S MARINE TOOL CO.</b>  |                                 |   |   |   |  |
| Principal Place of Business<br><b>917 W OAKLAND AVE</b><br><b>OAKLAND, FL 34760 US</b>   |                                 |   |   | Mailing Address<br><b>P.O. Box 771135</b><br><del>917 W OAKLAND AVE</del><br><del>OAKLAND, FL 34760 US</del><br><b>WINTER GARDEN, FL 34777</b>   |  |
| 2. Principal Place of Business - No P.O. Box #   |                                 | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.   |   |  |  |
| City & State   |                                 | City & State  |   | 4. FEI Number<br><b>59-1259803</b>   |  |
| Zip  |                                 | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent  |                                 |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>BARTON, KAREN</b><br><b>45 LAKEVIEW RESERVE</b><br><b>WINTER GARDEN, FL 34787</b>   |                                 |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                 |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 14, 2007</b>   |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |
| 10. OFFICERS AND DIRECTORS   |                                 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       |  |  |
| TITLE  | VP                              |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | CRABTREE, G.F.                  |   | NAME  |  |  |
| STREET ADDRESS   | 174 ROPER DR.                   |   | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  | WINTER GARDEN, FL               |   | CITY - ST - ZIP   |  |  |
| TITLE  | STD                             |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | CRABTREE, SUSAN K               |   | NAME  |  |  |
| STREET ADDRESS   | 174 ROPER DR.                   |   | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  | WINTER GARDEN, FL 34787         |   | CITY - ST - ZIP   |  |  |
| TITLE  | P                               |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | BARTON, KAREN W                 |   | NAME  |  |  |
| STREET ADDRESS   | 45 LAKEVIEW RESERVE BLVD        |   | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  | WINTER GARDEN, FL 34787         |   | CITY - ST - ZIP   |  |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                 |   | NAME  |  |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  |                                 |   | CITY - ST - ZIP   |  |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                 |   | NAME  |  |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  |                                 |   | CITY - ST - ZIP   |  |  |
| TITLE  | <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                 |   | NAME  |  |  |
| STREET ADDRESS   |                                 |   | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  |                                 |   | 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. |                                 |   |   |  |  |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                 |   | 5/31/07 407-616-2089<br><small>Date Daytime Phone #</small> |  |  |