


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 362129
 1. Entity Name
OWL CREEK BOAT WORKS AND STORAGE, INC.



Principal Place of Business: **18251 OWL CREEK DRIVE ALVA FL 33920**
 Mailing Address: **18251 OWL CREEK DRIVE ALVA FL 33920**

2. Principal Place of Business: _____ 3. Mailing Address: _____

Suite, Apt. #, etc.: _____ Suite, Apt. #, etc.: _____

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



MOORE CR2E034 (11/03)

4. FEI Number: **59-1288877** Applied For: Not Applied:

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

6. Name and Address of Current Registered Agent
FULTON, WARING T
18251 OWL CREEK DRIVE
ALVA FL 33920

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May be Added to Fee**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSAT	<input type="checkbox"/> Delete
NAME	FULTON, WARING T.	
STREET ADDRESS	18251 OWL CREEK DRIVE	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	FULTON, JILL N.	
STREET ADDRESS	18251 OWL CREEK DRIVE	
CITY-ST-ZIP	ALVA FL 33920	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

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 01/23/04-80032-019 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.T. FULTON Pres. W.T. Fulton Pres. 1/21/04 239-543-210
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #