


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90543 041 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

|  |                                      |  |   |
|--|--------------------------------------|--|---|
| <b>DOCUMENT # 362129</b>   |                                      |   |   |
| 1. Entity Name<br>OWL CREEK BOAT WORKS AND STORAGE, INC.   |                                      |  |   |
| Principal Place of Business<br>18251 OWL CREEK DRIVE<br>ALVA, FL 33920   |                                      | Mailing Address<br>18251 OWL CREEK DRIVE<br>ALVA, FL 33920   |   |
| 2. Principal Place of Business   |                                      | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc.  |   |
| City & State   |                                      | City & State   |   |
| Zip  |                                      | Zip  |   |
| Country  |                                      | Country  |   |
| 4. FEI Number<br>59-1288877  |                                      | Applicable For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                                      |  |   |
| 6. Name and Address of Current Registered Agent<br>FULTON, WARING T<br>18251 OWL CREEK DRIVE<br>ALVA, FL 33920   |                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 8. The above named entity is/are in 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 _____ DATE _____<br><small>Signature should be printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when transferring)</small>   |                                      |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$350.00</b>  |                                      | 9. Election Campaign Financing<br>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  | PSAT <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | FULTON, WARING T.                    | NAME   |   |
| STREET ADDRESS   | 18251 OWL CREEK DRIVE                | STREET ADDRESS   |   |
| CITY-ST-ZIP  | ALVA, FL 33920                       | CITY-ST-ZIP  |   |
| TITLE  | CVST <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | FULTON, JILL N.                      | NAME   |   |
| STREET ADDRESS   | 18251 OWL CREEK DRIVE                | STREET ADDRESS   |   |
| CITY-ST-ZIP  | ALVA, FL 33920                       | 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 exemption stated in Section 119.07(3)(b), 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 recipient 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 employees. |                                      |  |   |
| SIGNATURE: <i>Jill N. Fulton</i> / <i>Jill N. FULTON</i>   |                                      | Date: 4/28/05 239/543-2100   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                      | <small>Date</small>  |   |