

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 366315		
1. Entity Name STEAMBOAT, INC.		
Principal Place of Business 1220 NE 127 LANE BRANFORD FL 32008		Mailing Address 1220 NE 127 LANE BRANFORD FL 32008



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1297384		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
SMITH, WILLIAM B. 1220 N E 127 LN BRANFORD FL 32008		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

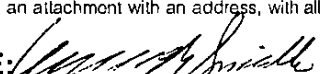
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD SMITH, EDWINA B 1220 N E 127 LN BRANFORD FL 32008	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 000000645043 03/02/07-80068-011 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD ILES, WILLIAM A 112 DURHAM PL LONGWOOD FL	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP STD SMITH, W B 1220 N E 127 LANE BRANFORD FL 32008	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE:  **WILLIAM B. SMITH** Sec/Treas 2/21/07 586 935-0512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #