

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # 376166

1. Entity Name
NAUTI-BOUY, INC.



Principal Place of Business
P.O. BOX 1461
BARTOW, FL 33830

Mailing Address
P.O. BOX 1461, N/A
BARTOW, FL 33830 US



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1477542

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, IDMON ANDY JR.
1005 HIBISCUS DRIVE
BARTOW, FL

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000723042
05/02/07-80055-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDERSON, IDMON ANDY JR
STREET ADDRESS	1005 HIBISCUS DRIVE
CITY- ST- ZIP	BARTOW, FL 33830
TITLE	VP
NAME	GIBSON, C. E., MD
STREET ADDRESS	810 S. JACKSON AVENUE
CITY- ST- ZIP	BARTOW, FL 33830
TITLE	ST
NAME	BROWN, S. C.
STREET ADDRESS	125 E. MAIN STREET
CITY- ST- ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2007 863 5333131

Date

Daytime Phone #